

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38345

State File No. \_\_\_\_\_

FILED NOV 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10410**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>38 D.O.A. St. John's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>19 4415 Pershing Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>		b. (Middle) <b>Ann</b>	c. (Last) <b>Wille</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 2, 1957</b>		5. SEX <b>F.</b>	
6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0 Single</b>	
8. DATE OF BIRTH <b>Nov. 11, 1921</b>		9. AGE (In years) (Month) (Day) (Hour) (Min.) <b>35 11 21</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Lady - Saks Inc.</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Walter H. Wille</b>		13b. MOTHER'S MAIDEN NAME <b>Hilda Freie</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Walter H. Willie, 4220 McPherson Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Pneumatic heart dis. with chr. cardiac</b> <b>Chr. cardiac valve disease</b> <b>Ac. Rheumatic fever</b> DUE TO (b) <b>Ac. Rheumatic fever</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>4/4x</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>July 31, 1952</b> , to <b>Nov 2, 1957</b> , that I last saw the deceased alive on <b>Aug 5, 1957</b> , and that death occurred at <b>7:45 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Samuel B. Grant</b> (Degree or title)		23b. ADDRESS <b>114 No. Taylor</b>	
23c. DATE SIGNED <b>Nov 4 '57</b>		23d. SIGNATURE <b>Samuel B. Grant</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 5, 1957</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Washington, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>NOV 4 '57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnell</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Samuel P.  
114 No. Taylor

State of Missouri

County of St. Louis

City of St. Louis

State of Missouri

St. Louis

St. Louis

St. Louis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James Williamson*

Licensed Embalmer No. *356*

P. O. Address *3840 Lind*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.