DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

REC'D SEP 14 1939 791

State File No. 27508

Registration District No. 1008 Primary Registration District No. Registrar's No. 7008

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 8/5/39 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") XX

(d) Street No. No home (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Williams 452

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race C

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 6, 1905 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
34	--	1	hr. min.

9. Birthplace (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name James Williams
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Hattie Jenkins
15. Birthplace (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant's own signature Hattie Williams
(b) Address 2905 Laclede

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-39 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. L. Garner
(b) Address 2829 Washington, Ave.

19. (a) AUG 12 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7
year 1939 hour 11 minute 47 P.M.

21. I hereby certify that I attended the deceased from Aug. 5, 1939, 19, to Aug. 7, 1939, 19;
that I last saw him alive on Aug. 7, 1939, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aneurysm aortic arch	about 1
Aortitis non specific	year
Due to --	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	
Major findings: Of operations --	
Of autopsy --	

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PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature K. C. Hackney (M. D. or other)
Address 2601 N. Whittier Date signed 8/10/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Arthur L. Herlihard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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 this body is not embalmed, above space should be left blank.