

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.

DEC 13 1939

Registration District No. _____

Primary Registration District No. _____

791
1000

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5548 So. Kingshighway Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5548 So. Kingshighway Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th
year 1939 hour 10:45 minute A.M. M.

21. I hereby certify that I attended the deceased from 1-11-33
to 11-7- 1939 to 11-1- 1939;
that I last saw him alive on _____, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis
Hypertension
Obese
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy no
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Elizabeth R. Williams US2

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred B. Williams 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Oct. 6th 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 1 1 hr. min.

9. Birthplace Cedar Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Horn

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Julia Maupin

15. Birthplace Maupin Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Fred B. Williams

(b) Address 5548 So. Kingshighway

17. (a) Burial (b) Date thereof 11-10-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuary
4228 So. Kingshighway

(b) Address _____

19. (a) NOV 8 1939 (b) J. F. Credeck
(Date received local report) (Registrar's signature)

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? 1

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Smith (M. D. continue)

Address 6006 Va. ave. Date signed 11-8-39

2006
K 210473
Dignificare Care

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.....
.....
Licensed Embalmer No. 30214
P. O. Address.....

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.