

JAN 12 1940

791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1807 W. Newstead
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) abt. 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1807 W. Newstead
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1939 hour 4 minute 30 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Chronic Hepatitis
Due to _____

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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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? _____

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

23. Signature Alfred Perry (M. D. or other) _____
Address Albany, Mo Date signed 12-22-39

3. (a) PRINT FULL NAME Wilson, Williams 450

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Mattie Williams 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: Years about 25 yrs Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____

12. Name Unknown

18. Birthplace Miss
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Not known
15. Birthplace Miss
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mattie Williams

(b) Address 1807 W. Newstead

17. (a) Dec. 22, 1939 (b) Date thereof Dec. 22, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wash. Park

18. (a) Signature of funeral director Beal

(b) Address 2726 Linn St.

19. (a) DEC 22 1939 (b) J. F. Black
(Date received local registrar) (Registrar's signature)

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.

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.....

Myself

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

working under my personal supervision.

Signed *Ray E Campbell*

Licensed Embalmer No. *3881 (City #17)*

P. O. Address *St Louis Mo*

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.