

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 138

1. PLACE OF DEATH: 1003
 (a) County _____
 (b) City or town St Louis mo 3
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
in brought to Hauer & Phillip
 (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) 11-3

3. (a) PRINT FULL NAME Laura Williams

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

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

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

7. Birth date of deceased Apr 1 1898
 (Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 30 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business _____

12. Name Calvin Peterson

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

14. Maiden name Florence

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

16. (a) Informant's own signature Mrs Mary Doss

(b) Address 2803 Clark Ave

17. (a) Burial (b) Date thereof 1-6-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PK

18. (a) Signature of funeral director A F Audger's Walter

(b) Address 2907 Stoddard St

19. (a) JAN 6 1940 (b) J. H. ...
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Missouri (b) County _____

(c) City or town St Louis 22
 (If outside city or town limits, write "RURAL")

(d) Street No. 2803 Clark Ave
 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
 year 1939 hour 3 minute 41 M.

21. I hereby certify that I attended the deceased from 12-31
39, 1940, to 12-31, 1939;
 that I last saw her alive on 12-31, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to Chronic suppurative

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy NO

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) _____ (e) Means of injury _____

23. Signature J. H. ... (M. D. or other) _____

Address 224 ... Date signed 1/6/40

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.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.