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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 434

Registration District No. 701 Primary Registration District No. Registrar's No. 434

1. PLACE OF DEATH: 1003 [illegible] 17 194

(a) County

(b) City or town St. Louis, Missouri 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether

In this community 12 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1116 S. 10th St
(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 No

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Cora

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased March 26, 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

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

MOTHER
14. Maiden name Bryant
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara Mehl
(b) Address 2840 Potomac

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/40
(Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director E. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) JAN 16 1940 (Date received local registrar) (b) J. F. Brisbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14.
year 1940 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from January 4, 1940 to January 14, 1940
that I last saw him alive on January 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions Hypertensive Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 E. Klaus (M. D. or other)
Address 1515 Lafayette, Date signed 1/15/40

(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.

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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 R. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.