

LED MAY 15 1940-791  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution:  
915 North 16th Street  
(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 \_\_\_\_\_ (b) County \_\_\_\_\_  
St Louis, Mo.  
(c) City or town \_\_\_\_\_  
(If outside city or town limit, write "RURAL")  
915 North 16th Street  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
No Physician in Attendance  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (c) PRINT FULL NAME Robert Williams **152**

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Clara Cheeks Williams Not Known  
(Month) (Day) (Year)

8. AGE: Years About 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Not Known (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Not Known

18. Birthplace Not Known (City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Brady

(b) Address 5243 Northam Ave

17. (a) Burial (b) Date thereof April 19th 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal Und Co.

(b) Address 2726 Lucas Ave.

19. (a) APR 19 1940 (b) J. F. Beck  
(Date received local registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th  
year 1940 hour 10:45 minute A. M.

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 \_\_\_\_\_

Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] M. D. or other \_\_\_\_\_

Address [Signature] Date signed 4.19.40

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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 *Birdie Beal Anderson*

Licensed Embalmer No. *2929*

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.**