

5-2  
13-40  
7-39  
K23159

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 6327

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri

(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 20 Days  
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Joseph Williams 452

3. (b) If veteran, no name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 7 31 1875  
(Month) (Day) (Year)

8. AGE: Years 64 Months 11 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Unemployed

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

12. Name (Don't know,) Williams

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Geyon

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

16. (a) Informant Mrs. Edward Goss  
(b) Address 4244 Prairie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-1940  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester St. Louis Mo

19. (a) JUL 28 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St Louis 20  
(If outside city or town limits, write "RURAL")

(d) Street No. 1521 N Jefferson  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26, year 1940 hour 5:30 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from July 6, 1940 to July 26, 1940; that I last saw him alive on July 26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage with left Spastic Hemiplegia  
Hypertension - Essential

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

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

Other conditions Chronic Alcoholism  
Myocarditis Chronic

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

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

Of autopsy 8/2

Duration 20 days  
10 yrs.

5 yrs.

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 J. F. Bredick M.D. (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 7/26/40

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

**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

*Howard P. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Thomas W.*

**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, fact should be so stated above.**