

AUG 25 1940
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6419

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4330 Enright Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ Unavailable (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Edward Sanford Williams3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Catherine Williams 6. (c) Age of husband or wife if alive 51 years7. Birth date of deceased August 31, 1855
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
84 10 25 hr. min.9. Birthplace Portland Maine
(City, town, or county) (State or foreign country)10. Usual occupation School Principal-retired

11. Industry or business

MOTHER FATHER
 { 12. Name Alexander D. Williams
 { 13. Birthplace Unavailable Canada
(City, town, or county) (State or foreign country)
 { 14. Maiden name Eliza Sanford
 { 15. Birthplace Unavailable Canada
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Catherine W. Williams(b) Address 4330 Enright Ave.17. (a) Burial (b) Date thereof 7-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Saint Peter's Cemetery18. (a) Signature of funeral director W. J. Gales(b) Address 4107 Finney Avenue.19. (a) JUL 30 1940 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Saint Louis 19
(If outside city or town limits, write "RURAL")
 (d) Street No. 4330 Enright Avenue
(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 8 minute 27 P. M.21. I hereby certify that I attended the deceased from
July 1, 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

Myocarditis 2 yrs

Due to _____

arteriosclerosis 10 yrs

Due to _____

Other conditions
(include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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)
 23. Signature W. J. Gales (M. D. or other) M. D.
 Address 4500 Olive Street Date signed _____

STATEMENT BY LICENSED EMBALMER

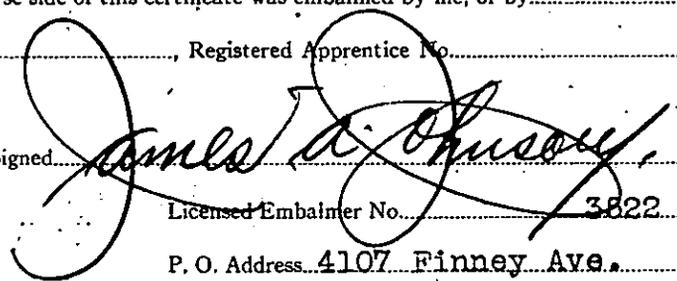
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed.....

A large, stylized handwritten signature in cursive script, appearing to read "James A. Johnson", is written over the signature line and extends into the adjacent fields.

Licensed Embalmer No. 3822

P. O. Address 4107 Finney Ave.

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.