SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27390

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 7286

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: H G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 21

(d) Street No. 2925 Sheridan (If rural, give location)

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

3. (a) PRINT FULL NAME Daniel Williams 452

3. (b) If veteran, name war none

3. (c) Social Security No. 497-10-7097

4. Sex male

5. Color or race col

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

6. (b) Name of husband or wife Claretha Williams

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Feb (Month) 12th (Day) 1912 (Year)

8. AGE: Years 28 Months 6 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Porter

11. Industry or business

FATHER
12. Name York Williams
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant's own signature Frank Fells

(b) Address 2925 Sheridan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard

19. (a) AUG 29 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1940 hour 9:20 minute A.M.

21. I hereby certify that I attended the deceased from August 17, 1940, to August 25, 1940, that I last saw him alive on August 25, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Rectum (Probable)	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E A McDowell (M. D. or other)

Address 2601 N Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

8/27/40

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.

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

I X19511

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~~ L Boy

....., Registered Apprentice No. Imp

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis M

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.