

Registration District No. 791

Primary Registration District No. 1003

FILED OCT 26 1940

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

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:
Enroute City Hospital #1
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 16 years

3. (a) PRINT FULL NAME Mary Emily Williams

3. (b) If veteran, name war..... No
3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

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

7. Birth date of deceased Jan. 6, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 8 21 hr. min. 0

9. Birthplace St. Mary's, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Mead

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Williams

(b) Address 2840 S. 7th Street

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

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director C. N. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) SEP 28 1940 (b) J. F. [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2840 S. 7th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1940 hour 11 minute..... P. 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.....

Coronary Thrombosis

Due to.....

Arteriosclerosis

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) (b) Means of injury 5

23. Signature Sept. 27, 1940 (M. D. or other)

Address Deputy Coroner 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul A Keith

Licensed Embalmer No. 3612

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, fact should be so stated above.