

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

34261
State File No. 8958

Register District No. 791

Primary Registration District No.

Registrar's No.

NOV 16 1940

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 28 days
(Specify whether
In this community 11 years
years, months or days)

8. (a) PRINT FULL NAME Classie Mae Williams

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry William 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 10 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 14 If less than one day hr. min.

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

10. Usual occupation Maid

11. Industry or business

12. Name Jessie White

18. Birthplace Ala
(City, town, or county) (State or foreign country)

14. Maiden name Margie Jones

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

16. (a) Informant Henry Williams
(b) Address 2812 1/2 Chouto ave

17. (a) Buriel (b) Date thereof Oct 31 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J.W. Hughes
(b) Address 2629 Lawton

19. (a) Oct 31 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 2/
(If outside city or town limits, write "RURAL")
(d) Street No. 2926 a Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1940 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 26, 1940, to October 24, 1940
that I last saw her er alive on October 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix Abt 1 year

~~Other~~ Vesico Vaginal Fistula 1 wk

Due to _____

Other conditions MS
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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) (Specify means of injury)

23. Signature Leon Belmont (M. D. or other)
Address 2601 N Whittier Date signed _____

Duration
Underline the cause to which death should be charged statistically.

10/26/40

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.....

Lyda Hughes

Licensed Embalmer No.....

2938

P. O. Address.....

St Louis

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.