

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis MO
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1434 N. 15th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
years, months or days) 8 years

3. (a) PRINT FULL NAME Irene Williams

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Lee Williams 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 21 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>5</u>	<u>27</u>	<u>no hr. no. min.</u>

9. Birthplace Pike County Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At home

12. Name George Parker

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

14. Maiden name Mayle Quinn

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

16. (a) Informant's own signature Beulah Richardson

(b) Address 1430 N. 15 St.

17. (a) Removed (b) Date thereof 11-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis

18. (a) Signature of funeral director C. T. Nash

(b) Address 3847 Page Blvd. St. Louis

19. (a) NOV 22 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO.
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1434 N. 15th. Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 710 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th.
year 1940 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from NOV. 17th, 1940 to NOV. 17th, 1940
that I last saw her alive on NOV. 18th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address 823 N. 15th St. Date signed 11/20/40

EMERALD DEC 1940

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.

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.....

At 3847 Page Ave.

..... Registered Apprentice No.....

working under my personal supervision.

Signed *C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address *3847 Page 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.