

1-40
-39
123159

Registration District No. **784**

Primary Registration District No. **106**

Registrar's No. **2241**

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

PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Kirkwood**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Old Folks Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____ **3**
years, months or days)

3. (a) PRINT FULL NAME **Louis C. Williams**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Feb 28 1853**
(Month) (Day) (Year)

8. AGE: Years **87** Months **9** Days **-** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Nil**

11. Industry or business **Nil**

MOTHER FATHER {
 12. Name **Unknown**
 13. Birthplace **Unknown**
(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 **Old Folks Home**
 (b) Address **711 S. Kirkwood, Rd.**

17. (a) **Burial** (b) Date thereof **11-30-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Oak Hill Cem**

18. (a) Signature of funeral director **Louis H Koop Inc**
 (b) Address **Kirkwood, Mo**

19. (a) **NOV 28 1940** (b) **R. M. Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **St. Louis**
 (c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")
 (d) Street No. **711 S. Kirkwood Rd.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **28**
 year **1940** hour _____ minute **4** A. M.
 21. I hereby certify that I attended the deceased from **November 19, 39** to **Nov. 28**, 19**40**
 that I last saw him alive on **Nov 26**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis 5 yrs?**
 Duration **5 yrs?**

Due to **-**
 Due to **- 93**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Hypertension**
 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) **no**
 (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 **CEPanto** (M.D. or other) **!**
 Address **243 St. Jefferson** Date signed **Kirkwood, Mo**

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.....

Louis H. Bopp Registered Apprentice No.
working under my personal supervision.

Signed *Louis H. Bopp*

Licensed Embalmer No. *921*

P. O. Address *Kirkwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.