

3. No. 2
4-13-40
5-17-39
I X23150

1540
Registration District No. 284

Primary Registration District No. 200

Registrar's No. 2197

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Jefferson Barracks,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm: 11-1-40
(Specify whether
In this community _____ years, months or days) 3

3. (a) PRINT FULL NAME WILLIAMS, Moses

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

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

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

7. Birth date of deceased November 17, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 0 3 hr. _____ min.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer 0

11. Industry or business F. Becker Foundry 1

12. Name Andrew Williams 1

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

14. Maiden name Louisa Jacobs

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

16. (a) Informant Clinical Pathology Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 11/25/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Charles C. Gales
(b) Address 4107 Finney Avenue

19. (a) NOV 25 1940 (b) C. W. Hughes, M.D.
(Date received local registrar) (Registrar's signature) U.K.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis
(c) City or town Florissant
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. #2, Box 128
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1940 hour 11:15 AM minute _____ M.

21. I hereby certify that I attended the deceased from November
1, 1940, to November 20, 1940,
that I last saw him alive on November 20, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of the rectum with extensive intra-thoracic metastases. Duration Unkn.

Due to _____

Due to 46 _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations Operation performed at V.A. Hines, Ill. in 1938
Of autopsy See cause of death
PHYSICIAN F.
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 707 (Specify type of place) _____
Cause of injury _____

23. Signature C. W. HUGHES, MD Chief Med. Officer.
(M.D. or other)

Address VAF Jefferson Bks., Mo. Date signed 11-20-40

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

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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 James A. Johnson, Registered Apprentice No. _____
working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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

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