

**791A**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town Saint Louis, Missouri.

(c) Name of hospital or institution: \_\_\_\_\_  
1934-A Cherokee Street.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_ Saint Louis, 24  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ 1934-A Cherokee Street.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Kanoie M. Williams,

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 489-09-0619.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th,  
year 1940. hour 11 minute 45 P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife. Nellie Williams.

6. (c) Age of husband or wife if alive. 38 years

7. Birth date of deceased. February 26th. 1898.  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>42.</u>	<u>10.</u>	<u>1</u>	hr. _____ min. _____

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 Occlusion with multiple infarcts in the Left Ventricle

Due to \_\_\_\_\_

Due to M. M. A.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations gvt

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Metal Finisher

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Rolland Williams

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

14. Maiden name Unknown

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

16. (a) Informant Nellie Williams

(b) Address 1934-A Cherokee Street.

17. (a) Burial (b) Date thereof Dec. 29, 1940.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labadie, Missouri.

18. (a) Signature of funeral director Ziegenhein Bros.  
2627 Cherokee Street.

(b) Address \_\_\_\_\_

19. DEC 30 1940 (b) J. H. Bredeck  
(Date received local registrar) (Registrar's signature)

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 Alfred Perry (M. D. or other) \_\_\_\_\_  
Deputy Coroner Date signed 12/29/40

**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 W Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

**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.**