

791

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **10880**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
(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. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
 (c) City or town East St. Louis, Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 1669 N. 38th
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Katherine Elizabeth Williams

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

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

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

7. Birth date of deceased July 16, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Mahlon Kulp

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

14. Maiden name Mary Virginia Halley

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

16. (a) Informant's own signature _____

(b) Address East St. Louis, Ill.

17. (a) E. St. Louis, Ill. (b) Date thereof Jan. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Fork Mo.

18. (a) Signature of funeral director [Signature]

(b) Address East St. Louis, Ill.

19. (a) DEC 31 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
 year 1940 hour 7:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 12-15, 1940, to 12-30, 1940

that I last saw her alive on 12-30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic Duration _____

Due to Prurion site - Kidney

Due to _____

Other conditions Mitral valve disease
(Include pregnancy within 3 months of death)

Major findings Hypernephroma PHYSICIAN _____

Of operations 53

Of autopsy _____ Underlines 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? _____
(Specify type of place) (e) Means of injury

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

Address 4935 Maryland Date signed 12/31/40

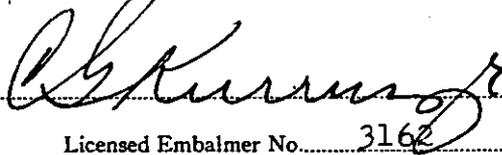
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

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

working under my personal supervision.

Signed..... 

Licensed Embalmer No..... 3162

P. O. Address..... East St. Louis, Ill.

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.