DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4848

Registrar's No. 1096

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

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: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 1 mo 9 das (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St Louis 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3049 a Brantner
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ernest Williams

3. (b) If veteran, name war ----

3. (c) Social Security No. - ---

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased July 14, 1938 (Month) (Day) (Year)

8. AGE: Years 2 Months 4 Days 25 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER

12. Name Louie Williams

13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

14. Maiden name Dorothy Reynolds

15. Birthplace Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant Florence Spotts
(b) Address 2601 N Whittier

17. (a) (Burial, cremation, or removal) (b) Date thereof 1-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Rutter
(b) Address 3101 Rutter

19. (a) FEB 3 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9 year 1941 hour 9:45 minute P M.

21. I hereby certify that I attended the deceased from Nov 30, 1939, to January 9, 1941 that I last saw him alive on January 9, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	13 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. C. Peace (M. D. or other)
Address 2601 N Whittier Date signed 1/11/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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

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