

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9032**
Registrar's No. **2442**

Registration District No. **7911** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute to Home Phillips
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00021
(c) City or town St. Louis
(d) Street No. 3429 Lawton
(e) If foreign born, how long in U. S. A.? 0 years.

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 9th
year 1941 hour 8:50 minute P M.

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married Married
6. (b) Name of husband or wife Margie 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased February 17, 1907

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.

8. AGE: Years 54 Months 1 Days 17 If less than one day _____ hr. _____ min.

Immediate cause of death Aneurysmal rupture of Pulmonary Artery (right)
Due to Contract: Chronic Adhesive Pericarditis; Chronic
Due to Interstitial Nephritis

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

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business City of St. Louis
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)

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant Charlie Ows Minger
(b) Address 32364 Lawton
17. (a) Burial (b) Date thereof 3-18-41
(c) Place: burial or cremation Washington Park

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? _____

18. (a) Signature of funeral director Popple Burial League
(b) Address 3100 Franklin Ave
19. **MAR 18 1941** (Date received local registrar) (b) J. W. Bredek (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 3
23. Signature Thomas F. Callans (M. D. or other)
Address Deputy Coroner Date signed 3/17/41

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

00
17
9
29

MOTHER FATHER

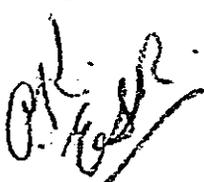
Duration
Underline the cause to which death should be charged statistically.

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 Henry A. Hoodin

Licensed Embalmer No. 3050

P. O. Address 4239W Kabadie

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.