No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9057

Registration District No. 7911 Primary Registration District No. Registrar's No. 2467

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

00 17 9

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3964 Aldine St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00011
(c) City or town Saint Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 3964 Aldine St. 9 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MILLIE WILLIAMS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dan
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Unavialable (Month) 1883 (Day) (Year)
8. AGE: Years Abt. 58 Months Days If less than one day hr. min.
9. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Unavailable
13. Birthplace " (City, town, or county) 9 (State or foreign country)
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)
16. (a) Informant Dan Williams
(b) Address 3964 Aldine Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director Charles L. Oates
(b) Address 4107-09 Finney Avenue
19. (a) MAR 18 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1941 hour 10: minute 00 a.m.
21. I hereby certify that I attended the deceased from Oct. 1, 1940, 19..., to Mar. 16, 1941, that I last saw her alive on March 16, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinema Breast.	9 mos.
Due to Accident - Fracture Hip. (Left)	9 mos.
Due to Trauma in fall thru trap door in dune, 1940	
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) Fracture Left Hip
(b) Date of occurrence About June 1940
(c) Where did injury occur? 3964 Aldine St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury 9
23. Signature Wm Evans Rubenstein (M. D. or other) MD
Address 4114a Easton Avenue Date signed

(Licensed Embalmer's Statement on Reverse Side)

Cremation

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 Arthur 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 wit the above constitutes grounds for revocation of license.)

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