

S. No. 2
-11-10-39
5-17-39
P I X21492

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

9369

State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 2779

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

179

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community abt 45 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY WILLIAMS

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

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years abt. 51 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) ARK 1

10. Usual occupation House Work

11. Industry or business At Home

12. Name Anthony Johnson

13. Birthplace _____ (City, town, or county) (State or foreign country) ARK 1

14. Maiden name Mecilla Smith

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

16. (a) Informant Alford Owens

(b) Address 2905 a madison st

17. (a) Burial (b) Date thereof 3-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Center

18. (a) Signature of funeral director Atkins Broad
(b) Address 3644 7 1/2 in my way

19. (a) W. B. Debeck (b) _____
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 19 21 7

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3517 A Easton Ave
(If rural, give location)

(e) If foreign born, how long in U.S.A. _____ years
Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27th
year 1941 hour 4:00 minute A M.

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 _____

Chronic Interstitial Nephritis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1 1/2 1

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

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) _____
Means of injury _____
23. Signature Alford Owens (M. D. or other) _____
Address 3644 7 1/2 in my way Date signed 3/28/41

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

Louis V. Atkins

Licensed Embalmer No.

2842

P. O. Address

3644 Finley

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.