

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12475
Registrar's No. 2905

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2905

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4102 Enright Avenue, Apt. K, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 65 years years, months or days)

3. (a) PRINT FULL NAME Hattie Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Unavailable Abb. 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 60 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown

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

14. Maiden name Sally Shaw

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

16. (a) Informant Irene Williams
(b) Address 4102 Enright Avenue, Apt. K

17. (a) Burial (b) Date thereof 4/3/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. Sales
(b) Address 4107 Finney Avenue
19. (a) APR - 2 1941 (b) J. B. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis, Sarah Street 119
(If outside city or town limits, write "RURAL")
(d) Street No. 930a North Sarah Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29,
year 1941 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3, 2, 5,
1941 to March 29, 1941,
that I last saw her alive on March, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis

Due to local infection with fibrinogen, non malignant

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature W. B. Tardys (M, D, or other) _____
Address 941a North Sarah St. Date signed 3/29/1941

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

STATEMENT BY LICENSED EMBALMER

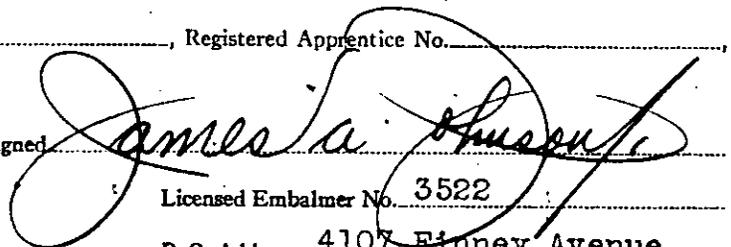
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed



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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.