. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12804

Registration District No. [redacted] MAY 13 1941 / 91

Primary Registration District No. 1003

Registrar's No. 3234

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: Homer G. Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 11 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9

(d) Street No. 2823 Lucas Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Joseph Williams

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M ✓

5. Color or race Col

6. (a) Single, widowed, married, divorced — O

6. (b) Name of husband or wife —

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

7. Birth date of deceased April (Month) 23rd (Day) 1940 (Year)

8. AGE: Years | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country) O

10. Usual occupation Baby

11. Industry or business

FATHER
12. Name Julis Grimm
13. Birthplace unknown (City, town, or county) Ark (State or foreign country) 1

MOTHER
14. Maiden name Mary Williams
15. Birthplace Cannon (City, town, or county) Miss (State or foreign country) 1

16. (a) Informant Mary Williams
(b) Address 2823 Lucas Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) [illegible] (Date received by registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 4 day April 11 year 1941 hour 11 minute 16 A. M.

21. I hereby certify that I attended the deceased from 4-7- 1941 to 4-11- 1941; that I last saw him alive on 4-11- 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration: Unknown

Due to Tuberculous meningitis — 2 weeks

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 O

23. Signature G. C. Pease (M. D. or other)
Address 2601 N. Whittier Date signed 4-12-41

(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~~ L Boyk

....., Registered Apprentice No. Mul

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.