

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13058**
3488
Registrar's No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos. 12 days
In this community 5 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL.")
(d) Street No. 41458 Cook (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Florence Williams

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

4. Sex female 5. Color or race col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Riley Williams 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Dec 28th, 1912
(Month) (Day) (Year)

8. AGE: Years 28 Months 3 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Domestic duties,

11. Industry or business House -wife,

MOTHER FATHER { 12. Name Taylor Jenkins, Tenn. 1
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Fannie Smith,
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Ida Whitlock
(b) Address 4215 W Easton Ave, St Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/41
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem'y

18. (a) Signature of funeral director Ed J. Sneed

(b) Address 2313 Thomas St

19. (a) APR 23 1941 (Date received local registrar) (b) L. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21 year 1941 hour 6:10 minute A. M.

21. I hereby certify that I attended the deceased from 1-9- 1941, to 4-21- 1941, that I last saw her alive on 4-21- 1941, and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive heart Disease Duration Six mos.

Due to Pulmonary Edema

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations As above Of autopsy As above 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) (e) Means of injury _____

23. Signature Almerie O. Allen (M. D. or other) 22-41
Address 2001 N. White St Date signed _____

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

.....
License Embalmer No. 7766

P. O. Address. 2812 Thomas St

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.