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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16261

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3779

**1. PLACE OF DEATH:**

(a) County St Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3415 Cook Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County L

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

(d) Street No. 3415 Cook ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Francis Williams

3. (b) If veteran, name war L

3. (c) Social Security No. L

4. Sex 3 Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Williams

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

7. Birth date of deceased L (Month) L (Day) 1864 (Year)

8. AGE: Years aft. 77 | Months L | Days L | If less than one day hr. L min.

9. Birthplace Houlke (City, town, or county) Miss (State or foreign country)

10. Usual occupation

11. Industry or business None

FATHER
12. Name unknown L
13. Birthplace unknown (City, town, or county) G L (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) G L (State or foreign country)

16. (a) Informant's own signature Armster Johnson

(b) Address 3415 Cook Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-3-41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Stoddard St.

19. (a) MAY 3 1941 (Date received local registrar) (b) J. M. Nedick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Apr. day 29 year 1941 hour 10 minute 45 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 Carcinoma of Right Breast with metastasis to Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 50

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 5/4/41

(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 William C. McDonnell, Registered Apprentice No._____, working under my personal supervision.

Signed William C. McDonnell

Licensed Embalmer No. 2114

P. O. Address_____

**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.**