No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 16304

Registration District No. 791 | Primary Registration District No. | Registrar's No. 3822

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:
2132½ O'Fallon St. /
(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 000

(c) City or town St. Louis 217
(If outside city or town limits, write "RURAL")

(d) Street No. 2132½ O'Fallon St.
(If rural, give location)

(e) Citizen of foreign country? J (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Corine 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 Married

6. (b) Name of husband or wife Alfred Williams 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 1 (Month) — 5 (Day) - 1908 (Year)

8. AGE: Years 33 Months 3 Days 5 If less than one day hr. min.

9. Birthplace Stoneville / (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Stonewall Jackson 1700 C

13. Birthplace Unknown / (City, town, or county) Mississippi (State or foreign country) 21

14. Maiden name Clara Unavailable

15. Birthplace Unavailable / (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Alfred Williams

(b) Address 2132½ O'Fallon St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) - 6 (Day) - 41 (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stodard St. St. Louis

19. (a) MAY 5 1941 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st. year 1941 hour 11 minute 55 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 Internal hemorrhage from laceration of right lung, fractured hemorrhage of brain, when struck by a pleasure coach driven by one George Greenwell which collided with a Ford truck driven by Larry Moore car at Kingshighway & 21st Duration

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

Major findings Of operation Unknown

Of autopsy Unknown

Died about 10:30 P.M. May 1, 1941

Deceased was a pedestrian

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) Accidental Carelessness

(b) Date of occurrence May 1 1941

(c) Where did injury occur? St Louis (City or town) MO (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature James J. Fitzmorris (M.D. or other) Coroner

Address 2300 Clark Ave. Date signed

(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

James. A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.