

791

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis
(c) Name of hospital or institution:
4219 Harris Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community. 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County _____
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4219 Harris Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW J. WILLIAMS,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower

6. (b) Name of husband or wife. Melissa Williams (Brent) 6. (c) Age of husband or wife if deceased Deceased years

7. Birth date of deceased. September 16, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 11 24 _____ hr. _____ min.

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

10. Usual occupation. Retired

11. Industry or business. Car Inspector Mo. Pac. R

12. Name. Not Known

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

14. Maiden name. Martha Brendt
(City, town, or county) (State or foreign country)

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

16. (a) Informant. Miss Nona Williams

(b) Address. 4219 Harris Avenue

17. (a) Burial (b) Date thereof 9/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park

18. (a) Signature of funeral director. Math. Hermann & Son

(b) Address. 2161 East Fair Avenue

19. (a) SEP 12 1941 (b) J. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month. Sept. day 9
year 1941 hour 9 minute 0 PM. M.

21. I hereby certify that I attended the deceased from March 20, 1941 to Sept 8, 1941.
that I last saw him alive on Sept 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Dilatation
Mitral Stenosis
Chronic Brights
Emphysema

Duration
?
?
?
?

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

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) (e) Means of injury _____
23. Signature R. M. Blain (M. D. or other) MD
Address 4356 Warne Rd Date signed 9/14/41

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

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FILED OCT 18 1941

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *William B. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

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.