

FILED OCT 18 1941

State File No.

Registrar's No.

7786

Registration District No. 791

Primary Registration District No. 1003

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:
City Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 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") 17
(d) Street No. 2500 N. 22nd St. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
Attending Physician

3. (a) PRINT FULL NAME Anna Williams.
3. (b) If veteran, name war No. 3. (c) Social Security No. None.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 25
year 1941 hour 7 45 minute P.
21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

4. Sex Female. 5. Color or race White. 6. (a) 'Single, widowed, married, divorced, Widowed.
6. (b) Name of husband or wife Late William Williams 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. November 26 1958
(Month) (Day) (Year)

that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Intertrochanteric Fracture of Left Femur. Arteriosclerosis suffered when deceased fell due to some unknown manner on the porch in the rear of her home at 2500^a N 22nd St Aug 2nd - 1941

8. AGE: Years Months Days If less than one day
82 10 0 hr. min.

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Housework.

11. Industry or business _____

Major findings: Of operations _____

12. Name Unknown.
13. Birthplace Unknown. (City, town, or county) (State or foreign country)

Of autopsy 1860
18

14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant George Williams.
(b) Address 2217a University St.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 9-29-41. (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Aug 2 - 1941
(c) Where did injury occur? St. Louis, MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

While at work? _____ (Specify means of injury)

19. SEP 29 1941 (Date received local registrar) (b) J. J. Bredbeck (Registrar's signature)

23. Signature W. J. Perry (M. D. or other) 3
Address City of St. Louis Date signed 9/27/41

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

11469

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..... *John P. Quakley*.....
Licensed Embalmer No..... *1674*.....
P. O. Address..... *2323 Sohier 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.