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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32939

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7891

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital #1 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 Days (Specify whether
In this community 27yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 11 (If outside city or town limits, write "RURAL")

(d) Street No. 3225 Montgomery St. 9 (If rural, give location) 0

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

If yes, name country --

3. (a) PRINT FULL NAME Frank Williams

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased October 7, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	10	26	hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

FATHER
12. Name James Williams
13. Birthplace (City, town, or county) Unknown 4 (State or foreign country)

MOTHER
14. Maiden name Martha James
15. Birthplace (City, town, or county) Unknown 4 (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital #1.

17. (a) (Burial, cremation, or removal) (b) Date thereof 9-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter
(b) Address 2500 Rutgers

19. (a) OCT 3 1941 (Date received local registrar) (b) J. F. Bedlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2, year 1941 hour 11:55 minute A. M.

21. I hereby certify that I attended the deceased from August 12, 1941, to September 2, 1941; that I last saw him alive on September 2, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic Heart disease.	
Due to: Left Hemorrhaphy	
Due to: Inguinal Hernia	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 122a	
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? (Specify type of place)
While at work (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 9/2/41

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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