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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40636

Registration District No. 24 1941 791

Primary Registration District No. 1003

Registrar's No. 10398

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether
In this community 48 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 21 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2602 Pine Street 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jim Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 1, (Day) 1870 (Year)

8. AGE: Years 71 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation Mill

11. Industry or business

FATHER
12. Name Willis Williams
13. Birthplace (City, town, or county) S.C. (State or foreign country)

MOTHER
14. Maiden name Carrie Hester
15. Birthplace (City, town, or county) S. C. (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) Date thereof 12-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutgers

19. (a) DEC 30 1941 (Date received local registrar) (b) J. F. Bridack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 13, 1941
year hour 7 minute 55 P. M.

21. I hereby certify that I attended the deceased from Nov. 19, 1941, 19, to December 13, 1941;
that I last saw him alive on December 13, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N. Whittier Date signed 12-15-41

(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 w the above constitutes grounds for revocation of license.)

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