

FILED FEB 24 1942
 791

Primary Registration District No. 1003

Registrar's No.

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:
ST. LOUIS ALTEMANHEIM
(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

3. (a) PRINT FULL NAME FRANK F. WILLIAMS

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ALICE 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased: Oct 5 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 3 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation OFFICE WORK

11. Industry or business RETIRED

MOTHER FATHER { 12. Name UNKNOWN
 13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Hoover
 (b) Address 5408 S. BROADWAY

17. (a) BURIAL (b) Date thereof JAN 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation BELLEFONTAINS CEM

18. (a) Signature of funeral director J. P. Mueller

(b) Address 7124 Washington

19. (a) JAN 19 1942 (b) J. P. Mueller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 5408 S. BROADWAY
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
 year 1942 hour 1 minute P M.

21. I hereby certify that I attended the deceased from act, 1941 to Jan 16, 1942
 that I last saw him alive on act 15, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Due to arteriosclerosis
Ch. Hypertens
 Due to _____
 Other conditions None
(Include pregnancy within 3 months of death)

Duration

10 days

PHYSICIAN

Major findings: None
 Of operations None
 Of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
 (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 Max Seardoff Jr (M. D. or other) MD
 Address 515 Duane St Date signed 1/17/42

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

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.....

J. B. Fudler, Jr.

Licensed Embalmer No. 925

P. O. Address. ST. LOUIS,

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.