

Registration District No.

Primary Registration District No.

10C

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution:  
Homer Phillips Hospital  
(d) Length of stay: In hospital or institution.....  
In this community..... 15 years

3. (a) PRINT FULL NAME Bill Williams

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

4. Sex Male 5. Color or race Col. 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 Feb. 15, 1901

8. AGE: Years 51 Months Days 10 If less than one day hr. min.

9. Birthplace Texarkana, Texas

10. Usual occupation Coal Dealer

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Smith  
(b) Address 2330e Carr St.

17. (a) Burial (b) Date thereof Mar. 5, 1942

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Dement & Son  
(b) Address 2629-31 Cole Street

19. (a) MAR 4 1942 (b) J. F. Pudek

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis,  
(d) Street No. 2330r Cole St.  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th  
year 1942 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....

that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Poisoning; 3rd Degree Burns of body; when shed in which he was living due to caught fire from undetermined origin. DAMAGE TO SHED AND CONTENTS APPROXIMATELY \$30.00.

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

Major findings: Of operations..... Of autopsy.....

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Feb. 27, 1942  
(c) Where did injury occur? St. Louis, Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

In Home  
(Specify type of place)  
While at work? (e) Means of injury 3

23. Signature Thomas F. Callinan (M.D. or other)  
Address Deputy Coroner Date signed 3/4/42

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.....

*William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Welmar*

**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.**