

FILED MAR 17 1942 **791**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
1426 No 9th St  
(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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County St. Louis **25000**

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

(d) Street No. 1426 No 9th St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Homer Williams

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Jan day 17  
year 1942 hour 6 minute 20 **A.M.**

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

4. Sex male 5. Color Blad 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Widow 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased abt (Month) (Day) (Year) 1880

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Left Labor Pneumonia with abscess of right lung

**8. AGE:** Years abt 60 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

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.

**10. Usual occupation** Laborer

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

12. Name William 9

13. Birthplace Missouri (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name William

15. Birthplace Missouri (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant James H. Williams  
(b) Address 1302 Clark

17. (a) Autonomous Burial (b) Date thereof 2-11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. Curtis  
(b) Address 3100 Ritz

19. (a) EE (b) J. E. Bredel  
(Date received local registrar) (Registrar's signature)

**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? \_\_\_\_\_

While at work: \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)

**23. Signature** W. R. Curtis (M. D. or other) 3  
Address St. Louis Date signed 4/14/42

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

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**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 with the above constitutes grounds for revocation of license.)**

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