

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 St. Joseph's of Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 1814 Division (If rural, give location) 9  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.

3. (a) PRINT FULL NAME

Jessie Williams

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17  
year 1942 hour 6 minute 00 P.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

Cerebral Apoplexy

Duration

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?

While at work (Specify type of place) (e) Means of injury

23. Signature W. R. Terry (M. D. or other)

Address St. Louis Date signed 2/18/42

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

MOTHER FATHER

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced, married

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

7. Birth date of deceased Feb 1892 (Month) (Day) (Year)

8. AGE: Years 50 Months Days If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Williams

13. Birthplace Williams (City, town, or county) (State or foreign country)

14. Maiden name Williams

15. Birthplace Williams (City, town, or county) (State or foreign country)

16. (a) Informant James Williams

(b) Address 1300 Clark

17. (a) Antoinette Bond (b) Date thereof 3-26-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. Terry

(b) Address 3500 Rutger

19. (a) FEB 27 1942 (b) J. S. Bredek (Date received local registrar) (Registrar's signature)

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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.**