

Registration District No. 791

Primary Registration District 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:
1718 Glasgow
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1718 Glasgow ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from 3-13 1942 to 3-20 1942

that I last saw him alive on 3-20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to arteriosclerosis - also had acute Bronchitis

Due to _____

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

Major findings: _____ Of operations _____

Of autopsy no _____

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 C. J. Lockett (M. D. or other) _____

Address 3529 Frankl Date signed 3-21-42

3. (a) PRINT FULL NAME George Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. 710

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

6. (b) Name of husband or wife Frances 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Champaigne (Month) (Day) (Year) 1874

8. AGE: Years 67 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Thomas Williams

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

14. Maiden name Anna unk

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

16. (a) Informant Friends Williams (b) Address 1718 Glasgow Ave

17. (a) Burial (b) Date thereof 3-23-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. J. Bredet (b) Address 3133 Bell Ave (Date received local registrar) (Registrar's signature)

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

30
9

100
13
9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

0

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 *S. J. Hatoon*
Licensed Embalmer No. *2698*
P. O. Address *2769 Chouteau*

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.