

FILED APR 13 1947 91

Registration District No. _____

Primary Registration District No. 1003

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: Home 1
(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 Missouri (b) County 21 000 17
(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2019 A Cass St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 1942.
year _____ hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from January
26 1942 to March 26 1942.
that I last saw her alive on 3 - 12 - 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy 2 hrs. Duration _____
Due to _____
Due to Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy NO.
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. Blair M. Carter (M. D. number) _____
Address 2425 Biddle Date signed 3/27/42

3. (a) PRINT FULL NAME MARY WILLIAMS

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

4. Sex Female 5. Color or race red 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sam Williams 6. (c) Age of husband or wife if alive 42 years 1940
7. Birth date of deceased. June (Month) 15 (Day) 1910 (Year)

8. AGE: Years 42 Months 8 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thurgood Smith

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

14. Maiden name Black (State or foreign country) Miss

15. Birthplace not known (City, town, or county) Miss (State or foreign country)

16. (a) Informant Sam Williams

(b) Address 2019 A Cass

17. (a) Burial (b) Date thereof. 4-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Oredick

(b) Address 2625 Glasgow

19. (a) MAR 30 1942 (b) J. F. Oredick (Registrar's signature)

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

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17
9

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

A. B. Richardson

Licensed Embalmer No. *2928*

P. O. Address. *2625 Glasgow*

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.