

S. No. 2
I-1-4-41
7. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13186
State File No. 3779
Registrar's No.

FILED MAY 1942
Registration District No. 01

Primary Registration District No. 1003

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

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: City Infirmery D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs. 4 mo. 6 days
(Specify whether years, months or days) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1317
(d) Street No. 5800 Arsenal St. (If rural, give location) 9
(e) Citizen of foreign country? American (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME George Williams

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widower widower

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

7. Birth date of deceased Sept. 23, 1942 (Month) (Day) (Year) 1946

8. AGE: Years 95 Months 6 mo. Days 8 If less than one day hr. min.

9. Birthplace New York (City, town, or county) (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Williams

13. Birthplace ? (City, town, or county) (State or foreign country) 1

14. Maiden name Sarah (City, town, or county) (State or foreign country) 9

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

16. (a) Informant C. Hannon

(b) Address 5800 Arsenal St.

17. (a) Anatomical Board (b) Date there 4/2/42 (City or town) (County) (State) (Year) Washington

(c) Place: burial or cremation _____

18. (a) Signature of funeral director [Signature] (b) Address [Address]

19. (a) 4/11/42 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st year 1942 hour 6:45 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 13, 41 to Apr. 1st, 1942 19 _____; that I last saw him alive on Apr. 1st, 1942 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Arteriosclerotic heart disease
Due to _____

Due to 93
Other conditions (Include pregnancy within 3 months of death) 93

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) NO

(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? _____

23. Signature Loren F. Blaney (Specify type of place) (e) Means of injury ? (M. D. or other) _____

Address 5600 Arsenal Date signed 4/1-42

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.