

FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13187

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3517

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
463 Eichelberger/  
(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)

3. (a) PRINT FULL NAME George E. Williams

3. (b) If veteran, name war. None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Cora Williams 6. (c) Age of husband or wife if alive Abt. 69 years

7. Birth date of deceased November 14, 1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER  
12. Name James Williams  
13. Birthplace Wales (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Kime  
15. Birthplace Holland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Williams  
(b) Address 463 Eichelberger

17. (a) Burial (b) Date thereof 4-22-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 S. Grand Blvd.

19. (a) APR 20 1942 (b) J. J. Bedlach (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1511  
(If outside city or town limits, write "RURAL")  
(d) Street No. 463 Eichelberger 9  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th year 1942 hour 4 p.m. minute M.

21. I hereby certify that I attended the deceased from April 5 1942 to April 19 1942 that I last saw him alive on April 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to Chronic Bronchitis of year 1940

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations none 43  
Of autopsy none  
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) Means of injury

23. Signature Y. W. Coffman (M. D. or other) 4/20/42  
Address 6607 N. War Date signed

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

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.....

*Virgil L. Berryman*

Licensed Embalmer No.....

*4018*

P. O. Address.....

*St. Louis Mo.*

**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.**