

FILED - MAY 7 1942
Registration District No. 71941

Primary Registration District No. 1003

Registrar's No. 3692

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

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:
4567 Washington Blvd.
(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 Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 127
(d) Street No. 4567 Washington Blvd.
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1942 hour 11 minute _____ A. M.

21. I hereby certify that I attended the deceased from February 5, 1935 to April 24, 1942
that I last saw her alive on April 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Subacute Heart Disease
Coronary Arteriosclerosis
Duration 8-10 yrs

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.

3. (a) PRINT FULL NAME Nellie O. Williams

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

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

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

7. Birth date of deceased: Dec. 23, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Public School Teacher

11. Industry or business _____

12. Name Charles Williams

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

14. Maiden name Ann Regliar

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

16. (a) Informant Mrs W. F. Evans

(b) Address 5226 Wren Ave.

17. (a) Burial (b) Date thereof 4/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Chas. H. F. Evans

(b) Address 4911 Washington Blvd.

19. (a) APP 28 1942 (b) J. F. Bridick
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas H. Lemrick

Licensed Embalmer No.

3793

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.