

S. No. 2
1-14-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15618
State File No. _____
Registrar's No. 893

Registration District No. 784 Primary Registration District No. 101

96
2
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospo
(d) Length of stay: In hospital or institution 18 hrs. 34 min.
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Overland
(d) Street No. 3303 Woodson Rd.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Thomas O Williams
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 20
year 1942 hour 7 minute 15 p. M.
21. I hereby certify that I attended the deceased from 4-20-42
19 to 4-20-42 19
that I last saw him alive on 4-20-42
and that death occurred on the date and hour stated above.

4. Sex M (1) race W
5. Color or race W
6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife NANNIE RASH
6. (c) Age of husband or wife 69 years
7. Birth date of deceased 1-18-1870
(Month) (Day) (Year)

Immediate cause of death
D. pneumonia
Duration 5 days

8. AGE: Years 72 Months 3 Days 2
If less than one day hr. min.

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

9. Birthplace Illinois
(City, town or county) (State or foreign country)
10. Usual occupation CARPENTER

Major findings:
Of operations _____
Of autopsy D. pneumonia
D. pneumonia - ruptured
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name James Williams
13. Birthplace Virginia
14. Maiden name DONALD KNOW
15. Birthplace _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Adolph Williams
(b) Address 1154 Sutter Ave
17. (a) Burial (b) Date thereof 11-23-42
(c) Place: burial or cremation LAKE CHARLES
18. (a) Signature of funeral director SULLIVAN
(b) Address 2849 N. Euclid
19. (a) APR 21 1942 (b) C. H. McLaughlin
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury _____
23. Signature P. Parks (M. D. or other)
Address St. Louis Co. Mo. Date signed _____

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 *Albert Mayfield*
Licensed Embalmer No. *2077*
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.