

FILED JUN 2 1942 791

Registration District No. 791

Primary Registration District No. 1003

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: 3706 Finney Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether)
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3706 FINNEY AVE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1942 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from 5-14-
1942 to 5-22- 1942
that I last saw her alive on 5-22- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Hypertension
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy None

Duration

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? _____

(Specify type of place) _____
(Specify means of injury) _____
23. Signature G. R. Galtier (M. D. or other) _____
Address 3200 Lucas Ave Date signed 5/24/42

3. (a) PRINT FULL NAME MARTHA BOYD WILLIAMS
(b) If veteran, name war NO
(c) Social Security No. NONE

4. Sex FEMALE 5. Color or race 3 NEGRO
6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife GEORGE WILLIAMS
(c) Age of husband or wife if alive 70 years
7. Birth date of deceased 9 (Month) 1 (Day) 1874 (Year)

8. AGE: Years 67 Months 8 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name EPHRAIM COLE
13. Birthplace SOUTH CAROLINE
(City, town, or county) (State or foreign country)
14. Maiden name MARY COLE
15. Birthplace MISSISSIPPI
(City, town, or county) (State or foreign country)

16. (a) Informant Ephraim Boyd
(b) Address 3706 Finney Ave
17. (a) BURIAL (b) Date thereof 5 26 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PARK CEMETERY

18. (a) Signature of funeral director Boyd Boyd
(b) Address 3706 Finney Ave

19. (a) MAY 26 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.