

FILED JUN 10 1942

Registration District No. _____ Primary Registration District No. **1003**

00
17
9

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)

In this community **64 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Walter Williams**

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

4. Sex **Male** **5. Color or race** **Col** **6. (a) Single, widowed, married,** **2 divorced widow**

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

7. Birth date of deceased **Mar Unknown**
(Month) (Day) (Year)

8. AGE: **abt 65** **Unknown**
Years Months Days If less than one day
hr. min.

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

10. Usual occupation **labor**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Adrian Davis**

(b) Address **1734 N. 15th St.**

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

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **J. G. Jensen**

(b) Address **2915 Grandin**

19. (a) MAY 27 1942 **J. F. Fredrick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
17

(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
921

(d) Street No. **1924 Wash**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16,**
year **1942** hour **10** minute **35** A. M.

21. I hereby certify that I attended the deceased from **May**
9, 19 **42** to **May 16,** 19 **42,**
that I last saw him alive on **May 16,** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia**
Duration **7 days**

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.

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) (d) Means of injury

23. Signature **J. Johnson** (M. D. or other) **0**

Address **2601 Wheeler** Date signed **5/20/42**

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 Not embalmed 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.