

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
Homer Phillips Hospital
(d) Length of stay: In hospital or institution 1 mo. 20 days
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis,
(d) Street No. 2810a Stoddard
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ernest Williams
3. (b) If veteran, name war.....
3. (c) Social Security No. 492-05-0113

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Susie Williams
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased June 11, 1893

8. AGE: Years 49 Months 0 Days 10
If less than one day hr. min.

9. Birthplace U.K.N. N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

16. (a) Informant Susie Williams
(b) Address 2810A Stoddard ST.

17. (a) Burial (b) Date thereof 6-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park City

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard ST.

19. (a) JUN 23 1942 J. T. Breuch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21,
year 1942 hour 8 minute 15 A. M.
21. I hereby certify that I attended the deceased from May 1, 1942 to June 21, 1942;
that I last saw him alive on June 21, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis
Duration 8 mos.

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

While at work? (Specify type of place) (e) Means of injury 0

23. Signature A. Moore (M. D. or other) 0
Address 2601 N. Webster Date signed 6-23-42

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

20
17
9

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

L. B. [unclear]
9/11

Registered Apprentice No.

working under my personal supervision.

Signed

Lorraine B. [unclear]

Licensed Embalmer No.

294

P. O. Address.

St. Louis 9

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.