

FILED JUN 29 1942 791

Registrar's No. **5230**

Registration District No. **791** Primary Registration District No. **1002**

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution TWO DAYS
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: **999**

(a) State ILLINOIS (b) County ST. CLAIR

(c) City or town EAST ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1926 GAY AVE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME George Champ Williams

(b) If veteran, name war NO

(c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

(b) Name of husband or wife NONE (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER 2, 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 13 If less than one day hr. _____ min.

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

10. Usual occupation RETIRED ENGINEER

11. Industry or business RAILROAD

12. Name JAMES M. WILLIAMS

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

14. Maiden name FAYNE FLETCHER

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

16. (a) Informant Charles Williams

(b) Address 5401 M. Lane SW

17. (a) Removal (b) Date thereof June 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 16. St. Louis, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address East St. Louis

19. (a) JUN 17 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1942 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Obviate of 5th + 6th ribs on left side when beaten with a stick in the hand zone of Lorenz Schmitt about 10:30 PM. June 11 1942 at 1926 Gay Ave East St. Louis

Other conditions May Ave East St. Louis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 117

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence June 11 1942

(c) Where did injury occur? Illinois
(City or town) (County) (State)

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

While at work? no (Specify type of place) (b) Means of injury beaten

23. Signature [Signature] (M. D. or other) 3
Address [Signature] Date signed 6/16/42

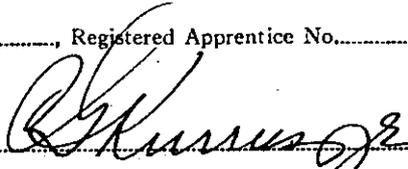
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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. 3162
working under my personal supervision.

Signed 

Licensed Embalmer No. 3162

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, above space should be left blank.