S. No. 2
M—5-42
v. 5-17-39
I X32873

FILED AUG 20 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26301

State File No.

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6690

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 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 021
(If outside city or town limits, write "RURAL")

(d) Street No. 2700½ Stoddard
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Melinda Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Femal

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) 10 (Day) 1868 (Year)

8. AGE: Years 73 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Isaac Thompson
13. Birthplace (City, town, or county) Miss 1 (State or foreign country)

MOTHER
14. Maiden name Celia Curtis
15. Birthplace (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Hattie Williams
(b) Address 2700½ Stoddard St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood cem

18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin ave

19. (a) AUG 8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4, year 1942 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 20, 1942 to August 4, 1942 that I last saw her alive on August 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia from Hypertension & Arteriosclerosis	1 year
Due to d	
Due to 83 d	
Other conditions (Include pregnancy within 3 months of death) 83 d	

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

23. Signature H. J. Erwin (M. D. or other)
Address 2601 Whittier Date signed 8/5/42

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 2963

P. O. Address 29 P Franklin

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.