

No. 2  
4-13-40  
5-17-39  
PI X235

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29298

SEP 18 1942  
318

1003

Registrar's No. 7495

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: St. Louis  
 (a) County St. Louis  
 (b) City or town St. Louis Mo.  
 (c) Name of hospital or institution: Homer Phillips  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 29 Hours  
 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000  
 (a) State Missouri (b) County 17  
 (c) City or town St. Louis 219  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3133 a Brantner Pl. 6  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME Mary Will Williams  
 (b) If veteran, No  
 (c) Social Security No. NO

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 9 day 4  
 year 1942 hour minute 6 P.M.

4. Sex Female  
 5. Color or race Col.  
 6. (a) Single, widowed, married, divorced, single  
 6. (b) Name of husband or wife single  
 6. (c) Age of husband or wife if alive 26 years  
 7. Birth date of deceased Feb, 3 1926  
 (Month) (Day) (Year)

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

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
|         | 16    | 6      | 27   | hr. min.             |

Immediate cause of death: General Peritonitis following Septic Abortion self Induced post 449 No. 40<sup>th</sup> St. East St. Louis. Ill. Cause and manner of same could not be determined

9. Birthplace Columbus Miss. I  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation domestic

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations  
 Of autopsy

11. Industry or business  
 12. Name David T. Williams  
 13. Birthplace Huston Miss. I  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bennie Willbarr  
 15. Birthplace Columbus Miss  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant DeWitt Griffin  
 (b) Address 3133 a Brantner Pl  
 17. (a) Burial (b) Date thereof 9-10-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Open Verdict  
 (b) Date of occurrence Unknown  
 (c) Where did injury occur East St. Louis Ill. All  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

18. (a) Signature of funeral director Ellis Fun, home  
 2820 Stoddard st  
 (b) Address  
 19. SEP 8 1942 (Date received local registrar)  
 (c) J.F. Bredeck (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury 3  
 23. Signature Thomas J. Callan, Deputy Coroner  
 Date signed 9/15/42

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

*J. Bay*

....., Registered Apprentice No. ....

.....  
working under my personal supervision.

Signed

*Loraine Bay*

.....  
Licensed Embalmer No. ....

*2946*

P. O. Address

*St. Louis*

**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.**