V. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32571

State File No. 9037

FILED NOV 12 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

100 12 9

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 099 12 9 21

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

(d) Street No. 2944 Easton
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Charles Williams

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Eliza Williams

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May (Month) 2 (Day) 1894 (Year)

8. AGE: Years 48 Months 5 Days 23 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business Foundry

FATHER
12. Name Charles Williams Sr.
13. Birthplace Skene (City, town, or county) Mississppi (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Mississppi (City, town, or county) (State or foreign country)

16. (a) Informant Eliza Williams
(b) Address 2944 Easton ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30 42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C W Roberts
(b) Address 3035 Lucas ave

19. (a) OCT 30 1942 (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25, year 1942 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from October 12, 1942 to October 25, 1942; that I last saw him alive on October 25, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	Terminal
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

106

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) (e) Means of injury

23. Signature S. E. Smith (M. D. or other)
Address 260 Whittier Date signed 10/27/42

(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 William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar

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.