S. No. 2
M—5-42
. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39494

State File No.

FILED JAN 13 1943

Registration District No.

Primary Registration District No.

Registrar's No. 10903

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

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:
Pronounced dead at City Hospital O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Madison

(c) City or town Granite City Illinois
(If outside city or town limits, write "RURAL")

(d) Street No. 2730 Iowa O N.R.
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME WILLIAM-DAVID-WILLIAMS

3. (b) If veteran, name war No.

3. (c) Social Security No. 333-035-968

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife MARY

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased NOV (Month) 1 (Day) 1902 (Year)

8. AGE: Years 40 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Sub Station Operator

11. Industry or business Laclede Electric Co St Louis Mo

FATHER
12. Name William Henry Williams
13. Birthplace (City, town, or county) Wales 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Todd
15. Birthplace Ohio (City, town, or county) ~~England~~ 1 (State or foreign country)

16. (a) Informant Mrs Mary Williams
(b) Address 2730 Iowa Granite City Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 29-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Granite City Ill ~~[illegible]~~

18. (a) Signature of funeral director Charles E. Mercer
(b) Address 1416 Niedringhaus Granite City Ill

19. (a) DEC 29 1942 (Date received local registrar) (b) J. F. Bressack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1942 hour 6 minute 35 A.M.

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.

Immediate cause of death Electrocution when he come in contact with a Buss structure at the Laclede Power and Light Co Substation

Due to 4051 Evans ave about 6:15 am 12-28-42

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident DOD

(b) Date of occurrence 12-28-43

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)

Address Arpen Coroner Date signed 12/29/42

(Licensed Embalmer's Statement on Reverse Side)

Embalmers Affidavit Cert to be filled

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.....

Licensed Embalmer No.....

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, fact should be so stated above.