

FILED FEB 1 1943

Registration District No. 518

Primary Registration District No. 1003

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:
CITY Hosp #10
(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:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 720 N. 14th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O.

3. (a) PRINT FULL NAME BEN FRANKLIN WILLIAMS

3. (b) If veteran, name war. (UNK) 3. (c) Social Security No. 488-20-8698

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married. 2 divorced WIDOWED

6. (b) Name of husband or wife GRACE WILLIAMS 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased (UNK) (Month) (Day) (Year)

8. AGE: Years AB 71 Months Days If less than one day hr. min.

9. Birthplace SCOTLAND 4 (City, town, or county) (State or foreign country)

10. Usual occupation PORTER

11. Industry or business RESTAURANT

12. Name UNK WILLIAMS

13. Birthplace UNK 9 (City, town, or county) (State or foreign country)

14. Maiden name UNK 9

15. Birthplace UNK 9 (City, town, or county) (State or foreign country)

16. (a) Informant NATHAN HUATT

(b) Address 1329 WULF'S

17. (a) BURIAL (b) Date thereof 1/23/43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation BERGER MEMORIAL

18. (a) Signature of funeral director BERGER MEMORIAL (b) Address 4715 McPHERSON

19. (a) JAN 22 1943 (Date recorded on local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1943 hour 8 minute 40 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 Ruptured Aortic Aneurysm

Other conditions (Include pregnancy within 3 months of death)

Due to

Due to

Other conditions

Major findings: Of operations

Of autopsy

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 J. F. Bredeck (M. D. or other) Address 1308 Cedar Date signed 1-22-43

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

MOTHER FATHER

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. 1597.....

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.