

APR 3 1943 18

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 2954

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 18 days
In this community 29 years
(Specify whether 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. 3027 Rutger
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eldridge Williams

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene Williams 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased NOT KNOWN
(Month) (Day) (Year)

8. AGE Years about 50 Months - Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business W.P. A.

12. Name Thomas Williams

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

14. Maiden name NOT KNOWN

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

16. (a) Informant Irene Williams

(b) Address 3027 Rutger Street

17. (a) Burial (b) Date thereof March 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director A. L. Beal Und Co.

(b) Address 2726 Lucas Ave.

19. (a) J. F. Prudeck (b) J. F. Prudeck
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22,
year 1943 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from February
4, 19 43 to March 22, 19 43;
that I last saw him alive on March 22, 19 43;
and that death occurred on the date and hour stated above.

Immediate cause of death Meningovascular Syphilis Duration Unk.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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 J. E. Smith (M. D. or other)

Address 2601 W. Hatter Date signed 3/23/43

MAR 29 1943

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.....

working under my personal supervision.

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

Signed

Arthur R. Hilliard

Licensed Embalmer No. *4219² E. Gay*

~~P.O. Address~~ # *4221*

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.