

FILED JUN 9 1943

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4857

1. PLACE OF DEATH:

(a) County St. Louis mo
(b) City or town St. Louis mo
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution:
Peoples Hospital D
(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)

3. (a) PRINT FULL NAME JAMES WILLIAMS

3. (b) If veteran, name war worlds war 1 3. (c) Social Security No. 48-18-4670

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WILLIE WILLIAMS 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased July 5 1900
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Grady Ark 1
(City, town or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name James Williams

13. Birthplace Grady Ark 1
(City, town or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Grady Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Willie Williams

(b) Address 12 11 a Missouri ave

17. (a) Burial (b) Date thereof 5-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Burial

18. (a) Signature of funeral director J. J. Weston

(b) Address 2769 Chouteau

19. (a) MAY 26 1943 (b) H. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County COO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 12 11 a Missouri
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th
year 1943 hour 6:37 minute _____ P. 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 Pulmonary embolism, fracture of left ileum, when he fell from a truck belonging to the Columbia Motor Service Co. which was unloading boxes of copper in the alley in the rear of Century Electric Company, about 2:00 P.M., May 12, 1943. ACCIDENT.

Other conditions (Include pregnancy within 3 months of death)
Century Electric 1806 Penn

Major findings: Of operations _____
Of autopsy 3/1

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) ACCIDENT
(b) Date of occurrence May 12, 1943.
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? yes (Specify type of place)
Means of injury fall

23. Signature Alfred Perry (M. D. or other) _____
Address Jefferson Date signed 5/26/43

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

MOTHER FATHER

JUN 9 1942

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. *269 A*

P. O. Address. *2769 Chouteau*

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.