

S. No. 2
4-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20161

State File No.

FILED JUL 8 1943

1003

Registration District No. 318

Primary Registration District No.

Registrar's No. 5994

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St Louis
(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 day
(Specify whether
In this community..... 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
st Louis
(c) City or town..... st Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3705 Chateau Ave
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME..... Grace Williams

3. (b) If veteran, name war..... None 3. (c) Social Security No. none

4. Sex..... Female 5. Color or race..... Negro
6. (a) Single, widowed, married, divorced.....
6. (b) Name of husband or wife..... Cornelus Williams 6. (c) Age of husband or wife if alive..... 55 years
7. Birth date of deceased..... March 13th 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 3 14 hr. min.

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

10. Usual occupation..... Housework

11. Industry or business..... At Home

12. Name..... James Lee

13. Birthplace..... Smith Grove Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name..... Alice Williams

15. Birthplace..... Smith Grove Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant..... Cornelus Williams

(b) Address..... 3705 Chateau ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof..... 7/2/43
(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) JUN 30 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 27th
year..... 1943 hour..... 1:15 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.....
Diabetes Mellitus

Due to.....
Due to..... 61

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).....

(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..... W. J. Henry (M. D. or other)

Address..... Depue, Mo. Date signed 6/30/43

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

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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 Fuller E. Calkin

Licensed Embalmer No. 498

P. O. Address S. Harris Mo

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.