

FILED JUL 8 1943
818

Registration District No. **818** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2227 (rear) Cole St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... 5 Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Jerome Williams

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

3. (c) Social Security No..... None

4. Sex Male **5. Color or race** Negro

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased. December 19 1937
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
5	6	3	hr. min.

9. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None (infant)

11. Industry or business.....

12. Name Louis Williams

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

14. Maiden name Leflora Boyce

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

16. (a) Informant Gladys Irving

(b) Address 4125 Enright Ave. Apt. A

17. (a) Burial **(b) Date thereof.** 6/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) Date received local registrar JUN 28 1943 **(b) Registrar's signature** J. F. Brueck

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town..... Saint Louis 0921
(If outside city or town limits, write "RURAL")

(d) Street No. 2227 (rear) Cole St. 17
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
 year 1943 hour 8.00 minute 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 Broncho-pneumonia Duration

Due to.....

Due to..... 107

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) means of injury.....

23. Signature Arthur J. Perry **Coroner**
(M.D. or D.D.S.)

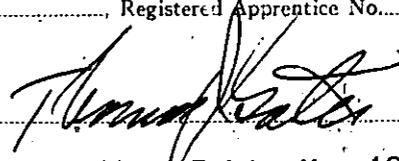
Address 2230 Chestnut Ave. Date signed 6/28/43

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

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.....
Thomas J. Gates....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Ave.....

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.