

ED JUL 31 1943  
Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
**4441 Cote Brilliante Avenue** /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 years** (Specify whether years, months or days)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME **Cornelia Williams**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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

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

6. (b) Name of husband or wife **John Williams**

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

7. Birth date of deceased **Unavailable, 1866**  
(Month) (Day) (Year)

8. AGE: Years **About 77** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Holly Springs, Mississippi**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Henry Givens**

13. Birthplace **Holly Springs, Mississippi**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hettie - Unavailable**  
(City, town, or county) (State or foreign country)

15. Birthplace **Holly Springs, Mississippi**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hettie Weaver**

(b) Address **4441 Cote Brilliante Avenue**

17. (a) **Burial** (b) Date thereof **7/22/1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father Dickson**

18. (a) Signature of funeral director **Charles J. Gates**

(b) Address **4107 Finney Avenue**

19. (a) **JUL 27 1943** (b) **J. J. Bredeek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
**11**

(c) City or town **Saint Louis** **711**

(d) Street No. **4441 Cote Brilliante Avenue**  
(If outside city or town limits, write "RURAL") (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**, year **1943** hour **5** minute **30 A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19 \_\_\_\_\_, to **July 19**, 19 **43** that I last saw her or alive on **July 19**, 19 **43** and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure (acute myocardial infarction) not Brown**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Senility of heart**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (a) Means of injury \_\_\_\_\_

23. Signature **J. J. Bredeek** (M. D. or other) **7/20/1943**  
Address **4330 Easton Avenue** Date signed \_\_\_\_\_

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STATEMENT BY LICENSED EMBALMER

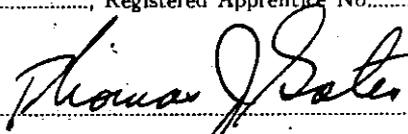
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**Thomas J. Gates,**

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

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. **4259**.....

..... P. O. Address **4107 Finney Avenue**.....

**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.**