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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23656

ED JUL 31 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6622

88

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

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 — weeks (Specify whether
In this community 10 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St Louis 12 (If outside city or town limits, write "RURAL")
(d) Street No. 2818 Papin (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Gracy Williams

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

4. Sex female
5. Color or race Col
6. (a) Single, widowed, married, divorced 2 widow
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 15 (Day) 1883 (Year)

8. AGE: Years 59 Months 10 Days 4 If less than one day — hr. min.

9. Birthplace Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Frank Deprel
13. Birthplace (City, town, or county) N.C. (State or foreign country)
MOTHER
14. Maiden name Cattie Cobb
15. Birthplace (City, town, or county) N.C (State or foreign country)
16. (a) Informant Rosco Vines
(b) Address 2828 Papin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickerson
18. (a) Signature of funeral director S J Watson
(b) Address 2769 Choyteau
19. (a) JUL 22 1943 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1943 hour 11:05 minute P 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 Fracture of Left Hip when Deceased fell to the floor at her Home

Due to 2818 Papin St on May 28-43 at about 7:30 PM

Due to

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) Accident 000
(b) Date of occurrence May 28-43
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F Callaway (M.D. or other)
Address Deputy Coroner Date signed 7-21-43

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2698

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.