

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1624

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Stellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6673 Easton Ave
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis^{9/6}

(c) City or town Stellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6673 Easton Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Alonzo Williams

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lottie Williams 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 12 - 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 5 3 1 hr. min.

9. Birthplace Tenn. O Pine Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Alonzo Williams

13. Birthplace Mo. 1819
(City, town, or county) (State or foreign country)

14. Maiden name Williams

15. Birthplace Mo. 1819
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Williams

(b) Address 6673 Easton Ave

17. (a) Removal (burial, cremation, or removal) (b) Date thereof July 15 - 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Manila - East

18. (a) Signature of funeral director HOWARD OND

(b) Address 9010 N. 1st St

19. (a) 7-15-43 (b) G. McKeown, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1943 hour 25 minute 9 M.

21. I hereby certify that I attended the deceased from May 15th 1943 to July 12th 1943; that I last saw him alive on July 12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to Myocarditis

Due to Chronic Bronchitis

Other conditions No
(include pregnancy within 3 months of death)

Duration 1 year

Major findings: Of operations 131

Of autopsy

PHYSICIAN [Signature]
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 Rutha Pragg (b) 11/13/43
(Date signed)

Address 6400 Easton Ave

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.....

P. O. Address.....

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.