

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

96
52

FILED JUL 31 1943

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 1731

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Old Peoples Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 5yrs, 1 Mo, 24 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City (If outside city or town limits, write "RURAL")
(d) Street No. 6600 Washington Avenue (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ira Greenville Williams

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 22, 1867 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 4 hr. _____ min.

9. Birthplace Shelby County Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business Retired

12. Name G. G. Williams

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

14. Maiden name Unknown

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

16. (a) Informant Mary E. Craig
(b) Address 6600 Washington Avenue.

17. (a) Burial (b) Date thereof July 28, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hampton Avenue.

19. (a) JUL 29 1943 (Date received local registrar)
(b) C. P. McDevra, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26, 1943
year 4 hour 10 minute P M.
21. I hereby certify that I attended the deceased from P. 1943 to July 26 - 1943
that I last saw her alive on July 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Critical Regurgitate
Duration P.

Due to Arterial Rheumatism

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92P
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) (e) Means of injury _____

23. Signature J. McDevra (M. D. or other)
Address 607 N. Grand Date signed 7.28.43

Dr. T. R. Ayars
NW corner Grand & Washington.

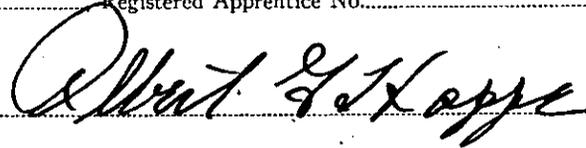
STATEMENT BY LICENSED EMBALMER

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.....

2974

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.