

REGISTRATION DISTRICT NO. 318

PRIMARY REGISTRATION DISTRICT NO. 1003

REGISTRAR'S NO. 7786

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 2811<sup>2</sup> Franklin Ave 1  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 2811<sup>2</sup> Franklin Ave  
(e) Citizen of foreign country? (Yes or No) Y  
If yes, name country.....

3. (a) PRINT FULL NAME Fannie Williams

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

4. Sex Female 5. Color or race Black 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased abt 1865  
(Month) (Day) (Year)

8. AGE: Years abt 78 Months Days If less than one day hr. min.

9. Birthplace Ill 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER  
12. Name William  
13. Birthplace Ill 9  
14. Maiden name William  
15. Birthplace Ill 9

16. (a) Informant James G. Johnson

(b) Address 11300 Clark

17. (a) Burial, cremation, or removal Washington (b) Date thereof 8-17-43  
(Month) (Day) (Year)

18. (a) Signature of funeral director W. K. Ruppel  
(b) Address 3501 Rutledge St

19. (a) Aug 23 1943 (b) J. F. Braddock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7<sup>th</sup>  
year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) GH

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) (e) Means of injury.....

23. Signature Alfred J. Perry (M. D. or other) 3

Address 11300 Clark Date signed 8/17/43

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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.....  
....., 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.**