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5-17-39  
X32873  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 27194

REGISTRATION DISTRICT NO. 318

Primary Registration District No.

Registrar's No. 7609

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3334 Lucas Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10  
year 43 hour 6 minute 50 p.m.

21. I hereby certify that I attended the deceased from  
8 - 5 19 43 to 8 - 10 19 43  
that I last saw her alive on 8 - 10 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Unknown  
Due to Unknown

Other conditions  
(Include pregnancy within 3 months of death)

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) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address 2601 N. Whittier St. Date signed

3. (a) PRINT FULL NAME Patricia Ann 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 9  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased 8 5 43  
(Month) (Day) (Year)

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

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER {  
12. Name Joseph Williams  
13. Birthplace Starkville Mississippi  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie Ford  
15. Birthplace Clarkdale Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant [Signature]  
(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof AUG 25 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Merschman  
(b) Address City Health Dept

19. (a) AUG 25 1943 (b) [Signature]  
(Date received local health officer) (Registrar's signature)

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

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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.**