

SEP 3 1943

Registration District No. 30

Primary Registration District No. 422

Registrar's No. _____

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town Wentzville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community five weeks. (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Charles
(c) City or town Wentzville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edgar Alonza Williams
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27
year 1943 hour 1:30 minute P. M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hilda M. Williams 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 18 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 25 1943 to July 26 1943
that I last saw him alive on 7/26 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 4 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death Tubercular Empyema Duration 1 3/4

9. Birthplace Wentzville Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Meat Inspector
11. Industry or business _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER { 12. Name Edgar Williams
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Julia Keenly
15. Birthplace Wentzville Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Edgar Williams
(b) Address Wentzville Mo
17. (a) Burial (b) Date thereof 7 29 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wentzville Mo
18. (a) Signature of funeral director T. Pittman
(b) Address Wentzville Mo
19. (a) 8/10/43 (b) Quinn S. Foster
(Date received local registrar) (Registrar's signature)

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 W. H. Murray (M. D. or other) MD
Address Wentzville Mo Date signed 7/29/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

354
5/43

SEP 15 1973

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 J. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, Mo.

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.