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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35887

State File No.

FILED OCT 19 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2316

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans' Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 3-12-43 (Specify whether
In this community Unkn.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1414½ a S. 12th St.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAMS, Otis W.

3. (b) If veteran, name war W.W. #1,

3. (c) Social Security No. yes, not rem.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virta

6. (c) Age of ~~husband~~ or wife if alive 40 years

7. Birth date of deceased March (Month) 11, (Day) 1891 (Year)

8. AGE: Years 52 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation Punch Press Operator

11. Industry or business - - -

FATHER
12. Name Green Williams,
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Jane Self,
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant M. Schilling Clinical Clerk,
(b) Address Vet.Adm.Fac., Jeff. Brks., Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-15-1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) OCT 15 1943 (Date received local registrar) (b) C. L. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11, year 1943 hour 6:28 PM minute M.

21. I hereby certify that I attended the deceased from March 12, 1943, 19, to October 11, 1943 that I last saw him alive on October 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach with extensive intra-abdominal metastases. — Duration: Unkn.

Due to

Due to

46

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Operation performed 4-7-43 Exploratory Celiotomy.
Of autopsy No 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) No

(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? (Specify type of place)

While at work? Means of injury

23. Signature L.M. COCHRAN, M.D., (M. D. or other)
Chief Medical Officer,
Address V.A.F., Jeff.Brks., Mo. Date signed 10-12-43

(Licensed Embalmer's Statement on Reverse Side)

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

Linus C. Hoffmeister, Registered Apprentice No.

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.