S. No. 2
M—5-43
. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40745
Registrar's No. 11103

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St. Louis 9 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6054 Cates 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 175
(c) City or town: St. Louis 9 (If outside city or town limits, write "RURAL")
(d) Street No.: 6054 Cates (If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country

3. (a) PRINT FULL NAME: Alonzo Williams
3. (b) If veteran, name war: no
3. (c) Social Security No.: 498-12-4257
4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Jane
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: July (Month) 21 (Day) 1870 (Year)
8. AGE: Years 73 Months 4 Days 22 If less than one day hr. min.
9. Birthplace: Patoka (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Druggist
11. Industry or business:
MOTHER 12. Name: Louisa Seward
MOTHER 13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
FATHER 14. Name: Wm Wesley Williams
FATHER 15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Jane Williams
(b) Address: 6054 Cates
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem.
18. (a) Signature of funeral director: Lee A. Stuart
(b) Address: 3235 Union Blvd.
19. (a) DEC 29 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1943 hour 1:30 minute A. M.
21. I hereby certify that I attended the deceased from Aug 1943 to Dec 13 1943 that I last saw h alive on Dec 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Cancer of Prostate
Due to: None
Due to: None
Other conditions: None (Include pregnancy within 3 months of death)

Major findings:
Of operations: Cancer of Prostate
Of autopsy: None

Duration

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? None (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? (e) Means of injury

23. Signature: [illegible] (M.D. or other)
Address: 6125 Barton Date signed 12/13/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Edward C. J. Stuart

Licensed Embalmer No. 7590

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.