

FILED DEC 23 1943

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 11057

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:  
3834a Russell Blvd.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days)

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

3. (a) PRINT FULL NAME Jane Williams

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Sam Williams 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 30 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	5	11	_____ hr. _____ min.

9. Birthplace Ewing Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Manis

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Betty Fryer

15. Birthplace Ewing Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lova Edwards  
 (b) Address 3843a Russell Blvd.

17. (a) Removal (b) Date thereof 12-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ewing, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.  
 (b) Address 4700 Washington Blvd.

19. (a) DEC 13 1943 (b) J.F. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
 year 1943 hour \_\_\_\_\_ minute 3:30 P.M.

21. I hereby certify that I attended the deceased from 1-4-43  
 \_\_\_\_\_, 19\_\_\_\_, to 1-11-1943

that I last saw h. alive on 1-10- 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Hypertensive Ht. Disease  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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) (e) Means of injury

23. Signature Chas. S. Rosen (M. D. or other) \_\_\_\_\_  
 Address 408 Humboldt Bldg. Date signed 1-11-43

Duration  
2 yrs from history

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

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

MOTHER FATHER

**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 *John Gouroski*  
Licensed Embalmer No. *3348*

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.**