

FILED DEC 21 1943

State File No. _____

Registration District No. 378

Primary Registration District No. 1203

Registrar's No. 11198

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Walton Nursing Home 4537
(If not in hospital or institution, write street name or location)

(d) Length of stay: In hospital or institution Removal to
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cola ²⁶
₅

(c) City or town Jefferson City ⁴
(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 Permelia Jane Williams

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1943 hour 2 minute 30 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 16 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from DEC 9 1943 to DEC 13 1943
that I last saw her alive on DEC 13 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 4 Days 28
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage ¹ ₇ ⁴

Due to _____

Due to _____

Other conditions influenza 4 days
(Include pregnancy within 3 months of death)

9. Birthplace Calloway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jerry Sanders

13. Birthplace Unknown Unknown ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown ⁹
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Pearl Hendron

(b) Address 3618 Aldner Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-43
(Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City, Mo.

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?

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 15 1943 J. J. Brueck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature O. D. Meyer (M. D. or other) ^U

Address 4579 E. Bl. on Date signed 12/14/43

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

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 Gonski

Licensed Embalmer No. *3398*

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.