

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2784

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
7206 WATERMAN AVE
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 7206 WATERMAN
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES R. WILLIAMS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1943 hour 16¹⁵ minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife STELLA

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept 26 1866
(Month) (Day) (Year)

Immediate cause of death Coronary sclerosis, occluding; hypertrophy and dilatation of the heart; myocardial fibrosis

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>2</u>	<u>16</u>	_____ hr. _____ min.

Due to _____

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

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

10. Usual occupation RETIRED SALESMAN

Major findings:
Of operations _____

Of autopsy See above

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

11. Industry or business SINGER SEWING MACH. CO.

12. Name DAVID WILLIAMS

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Stella Williams

(b) Address 7206 WATERMAN AVE

17. (a) BURIAL (b) Date thereof 12-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen - Kelly

(b) Address 4386 LINDELL BLVD

19. (a) DEC 16 1943 (b) E. S. McEwan
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature Herbert S. Preybofe (M. D. or other) _____

Address 601 Brentwood Date signed 12/13

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

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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 Clement W. Mayf
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.