S. No. 2
M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1946

Registration District No. 377

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43875

Primary Registration District No. 6076

Registrar's No. 2900

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ROBERT KOCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 588 DAYS (Specify whether
In this community 588 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County —

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2728 LAWTON
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME MILDRED WILLIAMS

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race COLORED 3

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased APRIL (Month) 11 (Day) 1928 (Year)

8. AGE:

Years	Months	Days	If less than one day
15	8	10	— hr. — min.

9. Birthplace ? (City, town, or county) ARKANSAS (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business —

FATHER
12. Name M. C. WILLIAMS
13. Birthplace ? (City, town, or county) ARKANSAS (State or foreign country)

MOTHER
14. Maiden name MARIE THOMAS
15. Birthplace ? (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant PATIENT

(b) Address ROBERT KOCH HOSPITAL

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood [illegible]

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) DEC 27 1943 (Date received local registrar) (b) E. D. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. [illegible] DEATH: Month DECEMBER day 21 1943 hour 7 minute — P. M.

21. I hereby certify that I attended the deceased from MAY [illegible], 1942, to DECEMBER 21, 1943 that I last [illegible] alive on DECEMBER 21, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
PULMONARY T.B.C.	20 MONTHS?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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)

(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? (e) Means of injury

23. Signature Bernard Friedman (M. D. or other) MD

Address Koch Hosp., Koch, MO. Date signed 12-22-43

(Licensed Embalmer's Statement on Reverse Side)

APR 5 194

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 myself Lonnie Baykin, Registered Apprentice No. ....., working under my personal supervision.

Signed Lonnie Baykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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 c[illegible]ed, fact should be so stated above.