

S. No. 2  
M-5-43  
7-5-17-39  
P I X36671

UNITED STATES OF AMERICA  
BUREAU OF THE CENSUS  
FILED FEB 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5887  
Registrar's No. 1566

Registration District No. 313 Primary Registration District No. 1003

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

**1. PLACE OF DEATH:**  
 (a) County..... St. Louis, Missouri  
 (b) City or town..... St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Homer Phillips Hospital 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 25 days (Specify whether  
 In this community..... 40 years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Elijah Williams  
 3. (b) If veteran, name war. No 3. (c) Social Security No. No

4. Sex MALE 5. Color C 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
 alive..... years  
 7. Birth date of deceased. 1-8-1886  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 1 5 .....hr. ....min.

9. Birthplace MIDWAY, AIA. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation PORTER

11. Industry or business  
 12. Name WARREN WILLIAMS  
 13. Birthplace AIA. 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ELIZA CHRISTIAN  
 15. Birthplace AIA. 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant George Williams  
 (b) Address 507 S. 22nd St

17. (a) BURIAL (b) Date thereof. 2-16-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Benny Love  
 (b) Address 3103 Washington

19. (a) FEB 17 1944 (Date received local registrar) J. F. Brubaker (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis, (If outside city or town limits, write "RURAL")  
12 22  
9  
 (d) Street No. 507 So. 22nd St. (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... 0

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 13,  
 year 1944 hour 9 minute 50 A. M.  
 21. I hereby certify that I attended the deceased from January  
19, 19 44 to February 13, 19 44  
 that I last saw him in alive on February 13, 19 44;  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Hypertensive Heart Disease Duration Unk.  
 Due to.....  
 Due to..... 93 d  
 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?

While at work?..... (Specify type of place)  
 Means of injury J  
 23. Signature J. F. Brubaker (M. D. or other)  
 Address 2607 N. White Date signed 2/15/44

**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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address. 4219<sup>th</sup> E. Garfield

**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.**