

S. No. 2
 DM-2-43
 v. 5-17-39
 P-1 X3565

5889

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1944
 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1385

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

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:
Missouri Baptist Hospital
(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

3. (a) PRINT FULL NAME George W. Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. Hogan

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

7. Birth date of deceased Jan. 17, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>0</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business O. P. A.

MOTHER FATHER

12. Name Richard Williams

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Gittens

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Williams

(b) Address 9027 Rosemary Avenue

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2/12/44
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) FEB 12 1944
(Date received local registrar)

(b) J. F. Bredbeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 9027 Rosemary Avenue
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
 year 1944 hour _____ minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 8, 1943, to 2/10/44, 1944; that I last saw him alive on 2/9/44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Carcinoma of Bladder

Due to Urinary

Other conditions 57
(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) (e) Means of injury

23. Signature [Signature]
(M. D. required)

Address Arcade Bldg. 958

Date signed 2/11/44

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 .....
Licensed Embalmer No.....
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.