

**FILED MAR 23 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **2318**

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: 5854 Lorain  
(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)

In this community 73 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 17

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

(d) Street No. 6326 Alabama Avenue  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Caroline Williams

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife John R. Williams

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

7. Birth date of deceased January 19 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation housework

11. Industry or business at home

**FATHER** 12. Name Joseph Kauffmann

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

**MOTHER** 14. Maiden name Barbara Ebel

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

16. (a) Informant John R. Williams Jr.

(b) Address 1809 Wilmington

17. (a) burial (b) Date thereof 3-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

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

(b) Address 6322 South Grand Blvd.

19. (a) MAR 9 1944 (b) J. F. Bredeh  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 7th  
year 1944 hour 8:00 minute PM

21. I hereby certify that I attended the deceased March 7  
Feb. 27, 1944, to March 7, 1944  
that I last saw him alive on March 6, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis due to influenza

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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 W. J. [unclear] (M. D. or other)

Address 4738 [unclear] Date signed 3/8/44

Duration

2 yrs  
"

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

Dr W. F. Wagenbach

2-4 P.M.

4738 $\frac{1}{2}$  Gravois

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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.....

*Vincent R. Berryman*

.....  
Licensed Embalmer No. *4818*

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 embalmed, fact should be so stated above.