

FILED MAY 9 1944

State File No.

Registration District No.

318

Primary Registration District No.

1100E

Registrar's No.

3889

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Roy E. Williams

3. (b) If veteran, name war #2  
3. (c) Social Security No. 495-12-7480

4. Sex Male 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth  
6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Dec. 23, 1920  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
23 3 21 hr. min.

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

10. Usual occupation Laundry work

11. Industry or business.....

MOTHER FATHER { 12. Name James Williams  
13. Birthplace Jacksonville Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Bell Girthie  
15. Birthplace Jacksonville Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Williams  
(b) Address 2308 Sheridan Ave.

17. (a) Burial (b) Date thereof 4/24/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) APR 26 1944 (b) J. F. Bredish  
(Date received local registrar) (Registrar's signature)

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. 2715 Sheridan Avenue  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1944 hour 5:20 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Internal hemorrhage from lacerated pulmonary vein; Fracture of sternum when he was caught between a cylinder and drum of a drying machine while at work at the Todd Overall Cleaning Co. 2732 S. 9th St., around 4:30 PM. April 14, 1944.  
Due to.....

ACCIDENT

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

Major findings: Of operations 176  
Of autopsy 43  
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) ACCIDENT  
(b) Date of occurrence 4/14/44  
(c) Where did injury occur? ST. LOUIS, MO.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial

While at work? Yes (Specify type of place) (e) Means of injury.....

23. Signature Thomas F. Callahan (M. D. or other)  
Address Deputy Coroner Date signed 4-21-44

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

2  
42  
7-39  
X32873

6888

6888

**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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

**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.**