

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED JUL 24 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **25797**  
 Registrar's No. **1539**

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:  
 (a) County **St. Louis**  
 (b) City or town **Green Station**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Halls Ferry Memorial Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 weeks** (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **000**  
 (If outside city or town limits, write "RURAL") **17**  
 (d) Street No. **2209 Colfax Dr.**  
 (If rural, give location) **7**  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country **1**

3. (a) PRINT FULL NAME **Samuel Williams**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **July** day **17th**  
 year **1944** hour **12:15 AM** minute \_\_\_\_\_ M. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Widower**  
 6. (b) Name of husband or wife **Mattie Williams nee Brough**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from **July 10, 1944** to **July 16, 1944**  
 that I last saw him alive on **July 10, 1944**  
 and that death occurred on the **date** and hour stated above.

7. Birth date of deceased **August 21, 1859**  
 (Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
**84 10 26** hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death  
**Dr. Myocarditis**  
 Duration **2 yr**

9. Birthplace **Louden Pa. 1**  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation **R.R. Engineer**  
 11. Industry or business **C.B. & Q. R.R.**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) **93d**

12. Name **Robert Williams**  
 13. Birthplace **Unknown Pa. 1**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Elizabeth McGrath**  
 15. Birthplace **Unknown Pa. 1**  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Elizabeth Robbins**  
 (b) Address **2209 Colfax Dr. St. Louis County**  
 17. (a) **Burial** (b) Date thereof **7/20/44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Memorial Park Cemetery**  
 18. (a) Signature of funeral director **Math Hermann & Son**  
 (b) Address **2161 East Fair Ave.**  
 19. **JUL 20 1944** (b) **E. G. McHarron**  
 (Date received local registrar) (Registrar's signature)

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 **Wm. E. Brown** (M. D. or other) \_\_\_\_\_  
 Address **1324 W. Brown** Date signed **7/19/44**

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

9600

SEP 18 1944

SEP 19 1944

**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 *Gustav W. Reuthe*.....

Licensed Embalmer No. *4329*.....

F. 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.**