. S. No. 2
M—4-13-40
v. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26688

State File No.

FILED AUG 25 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7239

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: 810 N. Compton Avenue 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 810 N. Compton Avenue 21
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mittie Williams

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fem

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Joseph Williams

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased December 4, 1876
(Month) (Day) (Year)

8. AGE: Years 67 | Months 8 | Days 10 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nelson McAlpin
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Carrie (Unknown)
15. Birthplace (City, town, or county) Alabama 1 (State or foreign country)

16. (a) Informant Joseph Williams
(b) Address 810 N. Compton Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/20/44 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) AUG 19 1944 (Date received local registrar) (b) J. F. Bruleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1944 hour 6 minute 00 p. M.

21. I hereby certify that I attended the deceased from 5 16, 1944 to 8 — 14, 1944
that I last saw her alive on 8-14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Hypertensive Heart Disease

Due to Nephritis Interstitial

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature J. W. Williams (M. D. or other)
Address 3200 A Franklin Ave. Date signed 8-16-44

(Licensed Embalmer's Statement on Reverse Side)

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. 1173

P. O. Address 3517 Laclede Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.