

FILED NOV 1 1944
Registration District No. **518**

Primary Registration District No. **1003**

Registrar's No. **8992**

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 19 days
(Specify whether
In this community 18 years
years, months or days)

3. (a) PRINT FULL NAME Henry Williams
3. (b) If veteran, name war ---
3. (c) Social Security No. 489-03-6198

4. Sex Male **5. Color or** race Negro **6. (a) Single, widowed, married,** divorced Married
6. (b) Name of husband or wife Gladys Williams **6. (c) Age of husband or wife if** alive 48 years
7. Birth date of deceased December 15, 1902
(Month) (Day) (Year)

8. AGE: Years 41 Months 10 Days 4 If less than one day
-- hr. -- min.

9. Birthplace Greenville, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Garage Attendant

11. Industry or business ---

12. Name Unavailable

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

14. Maiden name Janie Harris

15. Birthplace Greenville, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Williams

(b) Address 3938 Cook Avenue, Apt. 16

17. (a) Burial **(b) Date thereof** 10/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) OCT 23 1944 **(b)** J. Medel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3938 Cook Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19,
year 1944 hour 22 minute 22 A. M.

21. I hereby certify that I attended the deceased from August
31, 1944, to October 19, 1944;
that I last saw him alive on October 19, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death: Luetic Heart Disease with congestive failure.
Duration Unk.

Due to ---

Due to ---
Other conditions (Include pregnancy within 3 months of death) 30 yr

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 ---

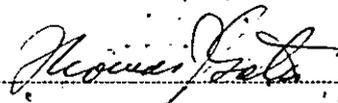
23. Signature Geo. Whittier (M. D. ---)

Address 601 Whittier Date signed 10/20/44

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.....
..... Thomas J. Gates Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No..... 4259

P. O. Address..... 4107 Finney Avenue.....

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.