S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36549

FILED DEC 9 1944

Registration District No. 318 Primary Registration District No. 1003

State File No.

Registrar's No. 10271

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-22-44 to 11-26-44 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ST, Louis, MO
(If outside city or town limits, write "RURAL")

(d) Street No. 3018 Dickson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charlene Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 23 (Day) 1929 (Year)

8. AGE: Years 15 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Charles Williams
13. Birthplace Alabama (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Evelyn Still
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Viola Becktame
(b) Address 5600 Arsenal ST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Washington park Cemetery

18. (a) Signature of funeral director Mose Asser
(b) Address 2812 Cass ave

19. (a) DEC 2 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 year 1944 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from 5/22/ 1944, to 11-26 1944 that I last saw her alive on 11-26 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary

Due to

Due to

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 R W Maxwell (Dr. Class M.D.) (M. D. or other)

Address Isolation Hospital Date signed 11-27

(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 Chas. L. Farrell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.