V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 31 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 805 831

Registrar's No.

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

(d) Length of stay: In hospital or institution Oct 21-$$4-I-I9-45 (Specify whether years, months or days)

In this community

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. 913a N.16th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Daisy Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Femal

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 23 1909 (Month) (Day) (Year)

8. AGE: Years 35 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Henry Coleman

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

MOTHER 14. Maiden name Minnie Rales

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

16. (a) Informant Nellie Harris

(b) Address 5600 Arsneal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 3820 S Toddard St

19. (a) JAN 22 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month I day I9 year 45 hour 5 minute 30p M.

21. I hereby certify that I attended the deceased from Oct 21 1945, 19 to Jan I9 1945, 19 that I last saw her alive on I-I9-45, 19 and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis — Duration 12 mo.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 G. Conlin (M. D. or other) MD

Address 5600 Arsneal St. Date signed 1-19-45

(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 L Boyh

....., Registered Apprentice No. M,

working under my personal supervision.

Signed Lonnie Boyhn

Licensed Embalmer No. 2946

P. O. Address St Louis MO

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.