

FILED JAN 31 1945

State File No.

430

Registration District No. 318

Primary Registration District No. 1003

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:
5579 Easton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5579 Easton Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Henrietta Williams

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 27, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 17
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Frank Obermark

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

14. Maiden name Eliza Reinerfelt

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

16. (a) Informant Miss Mildred Williams

(b) Address 5579 Easton Ave St. Louis

17. (a) Burial (b) Date thereof Jan 16, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Jay B. Smith

(b) Address 4456 Manchester Ave, Maplewood

19. (a) JAN 16 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1945 hour 2:30 A.M. minute 10 M.

21. I hereby certify that I attended the deceased from Dec 10
1945 to Jan 14 1945
that I last saw her alive on Jan 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Ext. Syst. Heart Disease
Long. Heart Failure

Due to 93d

Other conditions Ch. Cholelithiasis non-cal-
(Include pregnancy within 6 months of death) strecty + calculus

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 Robert J. Farrell (M. D. or nurse)
624 N. Union Address Date signed 1/15/45

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

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 3454
....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Marchwood

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.