No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11996 3995

Registration District No. 818 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: 1630 Carr Lane 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town 1630 Carr Lane 625
(If outside city or town limits, write "RURAL")

(d) Street No. St Louis
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NINA WILLIAMS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race C

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

6. (b) Name of husband or wife DECATUR WILLIAMS

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 8 (Month) 19 (Day) 1896 (Year)

8. AGE: Years 48 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation DOMESTIC

11. Industry or business

FATHER
12. Name RALF DAVIS
13. Birthplace (City, town, or county) ARK 1 (State or foreign country)

MOTHER
14. Maiden name OCTAVIA SELLS
15. Birthplace CAMBDOM (City, town, or county) ARK 1 (State or foreign country)

16. (a) Informant Decatur Williams
(b) Address 1630 Carr Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 8 45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 S Faddard St

19. (a) MAY 5 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2 year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-1-45 5-1- 1945 to 5-2- 1945 making one call that I last saw him alive on 5-2-45 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Asthma

Due to Broncho-pneumonia?

Due to

Other conditions (Include pregnancy within 3 months of death) 107

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. F. Winston (M. D. or other)

Address 2743 Franklin Date signed 5-

(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. Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard

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.

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▷ I X36930

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

State File No. May

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3995

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: 1630 Carver Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution (Specify whether years, months or days)
In this community

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. 1630 Carver Lane
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nina Williams

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

4. Sex F
5. Color or race B
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Decatur
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Aug (Month) 19 (Day) 1894 (Year)

8. AGE: Years 48 Months 8 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Ark (State or foreign country)
10. Usual occupation
11. Industry or business

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

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

16. (a) Informant
(b) Address 1630 Carver Lane

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) MAY 18 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 2 year 1945 hour minute M.

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

Immediate cause of death	Duration
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

11936