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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22750

FILED JUL 20 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5996

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:
Christian Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4219a Harris Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nona Williams

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased April 2, 1897 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	3	7	hr. min.

9. Birthplace Troy (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Employee of F.&E. Co.

11. Industry or business

FATHER
12. Name Andrew Williams
13. Birthplace Troy (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Melissa Nichals
15. Birthplace Troy (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Oscar Huetteman

(b) Address 4110 W. Florissant Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/45 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermannn & Son

(b) Address 2161 East Fair Ave

19. (a) JUL 10 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1945 hour 10 minute 50 a.m.

21. I hereby certify that I attended the deceased from July 3, 1945, to July 9, 1945 that I last saw h EN alive on July 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus Convulsions

Due to Portal of Entry to body unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 12

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 Ralph C. McElvain (M. D. or other) MD

Address 4356 Warne Date signed 7/9/45

(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.....

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

working under my personal supervision.

Signed Gustav W Deitle

Licensed Embalmer No. 4329

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.