

FILED 1945 8 18 7 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution 84 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 933 a Cabanne Court  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elease Brandon 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 Married  
6. (b) Name of husband or wife J. B. Williams 6. (c) Age of husband or wife if alive 17 years  
7. Birth date of deceased March 17 1930  
(Month) (Day) (Year)

8. AGE: Years 15 Months 8 Days 4 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation School-Girl

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Raymond Brandon  
13. Birthplace Aberdeen Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name Emma Lee Tally  
15. Birthplace Aberdeen Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Lee Jones (Gr. Mother)  
(b) Address 6203 Spencer Pl.

17. (a) Burial (b) Date thereof 11-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park, Cem

18. (a) Signature of funeral director Peoples Und. Co.  
(b) Address 3100 Franklin Avenue

19. (a) NOV 25 1945 (b) J. J. Bredest  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21  
year 1945 hour 10 minute \_\_\_\_\_ P \_\_\_\_\_ M \_\_\_\_\_

21. I hereby certify that I attended the deceased from Aug. 28, 1945, to Nov. 21, 1945  
that I last saw her alive on Nov. 21, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Military Tuberculosis, Lung  
involvement Duration Unk  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy None  
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 W. B. Bernard (M. D. or other) \_\_\_\_\_  
Address 2601 N. Whittier Date signed 11/24

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

17  
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**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 Julie H. Keith  
Licensed Embalmer No. 1184  
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.**