

FILED DE 31 1945

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillios Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3303 Delmar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Williams

3. (b) If veteran, name war _____

3. (c) Social Security 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 Feb 26th 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 6
If less than one day _____ hr. _____ min.

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

10. Usual occupation ret.

11. Industry or business _____

12. Name Emmanuel Guice

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

14. Maiden name martha

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

16. (a) Informant Gertrude Frause

(b) Address 903 1/2 N. Compton Ave

17. (a) Burial (b) Date thereof 12-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell Ave

19. (a) DEC 5 1945 J. F. Presek
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1945 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct. 18, 1945, to Dec. 2, 1945;
that I last saw her alive on Dec. 2, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Arteriosclerotic Heart Disease with
Decompensation
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy No

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 O. A. Jacques (M. D. or other)
Address 2607 N. Whittier Date signed 12/3

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

20
17
9

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 *J. J. Watson*

Licensed Embalmer No. 2694

P. O. Address 27 1/2 Chouteau

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.