

FILED NOV 19 1945
BUREAU OF THE CENSUS
318

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2yr. 6mo. 1lds.
In this community 15 yrs.
(Specify whether years, months or days)

2: USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2922a Dodier St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME

Henry Williams (Wm. Hy.)

(b) If veteran, name war No

(c) Social Security No. None

4. Sex Male
5. Color or race white

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased April 25, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 12 hr. min.

9. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business

MOTHER FATHER { 12. Name Frank Williams
13. Birthplace not given Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Berry
15. Birthplace not given Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Helma A. Dugler
(b) Address 5400 Arsenal St.

17. (a) BURIAL (b) Date thereof 11-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director [Signature]
(b) Address 3934 N. 24th St.

19. (a) NOV 8 1945
(Date received local registrar) (Registrar's signature) J. F. Bradeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1945 hour 9.30 minute A M.

21. I hereby certify that I attended the deceased from July 1, 1945 to Nov. 7, 1945
that I last saw her alive on Nov. 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis 1945x
Generalized Arteriosclerosis 1943x

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

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 Cyrus Parker (M. D. or other)
Address 5400 Arsenal St. Date signed 11/7/45

Duration

1945x
1943x

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Signed

Benneth W. Jones

Licensed Embalmer No. *4224*

P. O. Address *3423 Law*

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.