V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36012

FILED NOV 19 1945

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9748

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

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1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri-Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days 0 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 609
(c) City or town: St. Louis 517
(If outside city or town limits, write "RURAL")
(d) Street No.: 5525 Enright 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 6
If yes, name country:

3. (a) PRINT FULL NAME: MILDRED MATTIE WILLIAMS

3. (b) If veteran, name war: *********

3. (c) Social Security No. 498-14-7574

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Bert Williams

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: August 20 1901 (Month) (Day) (Year)

8. AGE: Years 44 | Months 2 | Days 19 | If less than one day: hr. min.

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

10. Usual occupation: Cook

11. Industry or business: UNITED DRUG CO

FATHER
12. Name: Virgil McHenry 6
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sallie Sutton
15. Birthplace: Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant: Bernice Williams
(b) Address: 5525 Enright Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-12-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Bregenhen Bros.
(b) Address: 6409 Gravois Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 8th year: 1945 hour: 10 minute: P. M.

21. I hereby certify that I attended the deceased from Nov. 6th, 1945, to Nov. 8th, 1945, that I last saw her alive on Nov. 8th, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myelogenous Leukemia — Duration: 7

Due to: DA

Due to: PH

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: James R. Blasini (M. D. ~~or other~~)
Address: Mo. Pacific Hosp. Date signed: 11-8-45

(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.....Homer H. Fritz

Licensed Embalmer No.....3882

P. O. Address.....

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.