S. No. 2
M—8-43
r. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 36016

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10452

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 Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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. 7720 Water st. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Edward Williams Sr.

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude Williams

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February (Month) 21 (Day) 1868 (Year)

8. AGE: Years 77 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business Retired

FATHER
12. Name Jesse Williams 1
13. Birthplace (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Cynthia Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant William E.Williams Jr. 1
(b) Address 4544 Cleveland ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.3,1945 (Month) (Day) (Year)
(c) Place: burial or cremation St.Trinity Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co
(b) Address 7814 S.Broadway,St.Louis Mo.

19. (a) DEC 3 (Date received local registrar) (b) 1945 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30 year 1945 hour 5 minute 30 a.M.

21. I hereby certify that I attended the deceased from 23 November, 1945, to 23 November, 1945; that I last saw him alive on 23 November, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 30 Nov 1945 Myocarditis	2 yrs
Due to Arteriosclerosis with secondary hypertension	15 yrs
Due to	
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 Mitchel L. Bartnick (M.D. or other)

Address 7629 So. Broadway Date signed 30 Nov '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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S Broadway

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.