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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42544

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 28

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community See above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Sangamon 990
(c) City or town Springfield 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1905 So. 19th 0
(If rural, give location)
(e) Citizen of foreign country? No. 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAMS, Fred

3. (b) If veteran, name war World I.

3. (c) Social Security No. 355 01 5508

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased January (Month) 1 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	11	1	hr. min.

9. Birthplace Moberly (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business --

FATHER
12. Name John Williams
13. Birthplace -- (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Willie Brown
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Acting Clinical Clerk, Vet. Adm.
(b) Address Hosp., Jefferson Barracks, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Ill.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) 12-21-45 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature) M.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1945 hour 10:05 minute P.M.

21. I hereby certify that I attended the deceased from December 10, 1945, to December 19, 1945;
that I last saw him alive on December 19, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPERTENSIVE CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE & INSUFFICIENCY.	Unknown
xxxxx Contributory Cause. CHRONIC NEPHRITIS.	Unknown
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No 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) No.
(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 HARVEY E. SISK, Major, Acting Clinical Director. (M. D. or other) M.C.
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 12/20/45

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1946

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 Thomas J. Gates, Registered Apprentice No. ____, working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.