

FILED JAN 18 1946

Registration District No.

Primary Registration District No.

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

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 18 das.
(Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bar
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6054 Cates Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JANE 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 widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased. December 18, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 22 hr. _____ min.

9. Birthplace. not known Conn /
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business _____

12. Name. not known

13. Birthplace. not known /
(City, town, or county) (State or foreign country)

14. Maiden name. not known

15. Birthplace. not known /
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St

17. (a) Burial (b) Date thereof. 1-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Paradise

18. (a) Signature of funeral director Phyllis P. Williams

(b) Address 1745 N. Ashington

19. (a) JAN 11 1946 (b) J. H. Redack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th
year 1946 hour 11:20 minute A. M.

21. I hereby certify that I attended the deceased from
Oct., 22, 45 to Jan., 10, 46
that I last saw her alive on Jan., 10, 46
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
Senility

Duration

1945x

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 J. Schlenker (M. D. or other)
Address 5400 Arsenal St Date signed 1/10/46

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 *John Gonush*
Licensed Embalmer No. *3398*

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.