

No. 2
 8-13
 5-17-39
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FILED FEB 1 1946
 Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **729**

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:
St. Marys Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26 hrs
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Mary Williams
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Infant
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased January 2nd 1946
 (Month) (Day) (Year)

8. AGE: Years Months Days
 If less than one day 28 9 hr. 5 min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Corvethus Williams

13. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

14. Maiden name Allie Ghanor

15. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant Allie Williams mother

(b) Address 713 Jackson Madison Ill.

17. (a) Burial (b) Date thereof 1-24-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of medical director V. B. Hudson

(b) Address City Health Dept.

19. (a) 1-24-46 (b) J. F. Brudeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois County 999
 (b) City or town Madison
 (If outside city or town limits, write "RURAL")
 (d) Street No. 713 Jackson NRD
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 3 day
 year 1946 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 1-2-46
 to 1-3-46, 19....., to 1-3-46, 19.....;
 that I last saw her alive on 1-3-46, 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
 Due to Prematurity
 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?

While at work?..... (Specify type of place)
 (e) Means of injury.....

23. Signature Major R. Boyd (M. D. or other) J. D.
 Address 1536 Papin Date signed 1-4-46

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.....

Licensed Embalmer No.....

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.