S. No. 2
M—2-43
. 5-17-39
I X35697

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

15350

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14450

State File No. 2

FILED APR 6 1946

Registration District No. 5 / 7

Primary Registration District No. 6076

Registrar's No. 782

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 1/9/46 to 4/1/46 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 91

(c) City or town University City (5)
(If outside city or town limits, write "RURAL")

(d) Street No. 6611 Washington Boulevard
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME James E Williams

3. (b) If veteran, name war --

3. (c) Social Security No. 496-14-3995

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Kate Quillinan Williams

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

7. Birth date of deceased February (Month) 24 (Day) 1864 (Year)

8. AGE: Years 82 Months 1 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Ottawa (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Pres. Williams Slate Co.

FATHER
12. Name Francis Williams
13. Birthplace Montreal (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Ann King
15. Birthplace Southampton (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mr. Mabel W. Westmoreland
(b) Address 6611 Washington Blvd., U.City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 3 (Day) 1946 (Year)
(c) Place: burial or cremation SS. Peter & Pauls Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road, St. Louis 17

19. (a) 4-5-46 (Date received local registrar) (b) E G McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from Feb 3, 1946, to April 1, 1946 that I last saw him alive on April 1, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	2 days
Due to Hypertension	
Due to Chr. myocarditis	
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 C H Denny MD (M. D. or other)
Address Creve Coeur, Mo Date signed 4-3-46

(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.....

Licensed Embalmer No. 1994

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.