

FILED MAY 2 1946
Registration District No. **318**

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 3. Color or race Col

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

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

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: 6 (Month) 26 (Day) 1899 (Year)

8. AGE: Years 46 Months 9 Days 2
If less than one day hr. _____ min. _____

9. Birthplace Ellendale Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Isaac Lark

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

14. Maiden name _____

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

16. (a) Informant Robert Williams

(b) Address 1204 Armstrong St.

17. (a) Removed (b) Date thereof 14-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellendale Tenn

18. (a) Signature of funeral director Gus Lowe

(b) Address 2930 Dickson St.

19. (a) APR 20 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1204 Armstrong
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1946 hour 12 minute 40 P.

21. I hereby certify that I attended the deceased from April 8, 1946, to April 8, 1946;
that I last saw h. er alive on April 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction
Duration Unk

Due to Perforated Gall Bladder with Stones

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

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 home (Specify type of place) of injury _____

23. Signature Wilson Walker (M. D. or other) _____

Address 2601 N Whittier Date signed 4/18/46

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 *Arthur L. Holliard*

Licensed Embalmer No. *4221*

P. O. Address. *1154 Bayard 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.