S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

14231

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15331

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3346

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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1411 N Sarah 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ellen Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased Unavailable (Month) 1886 (Year) (Day)

8. AGE: Years Abt 70 Months Days If less than one day hr. min.

9. Birthplace Paducah (City, town, or county) Ky. (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business --

FATHER
12. Name Unavailable Toran
13. Birthplace Unavailable (City, town, or county) Virginia (State or foreign country) 1

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) (State or foreign country) 9

16. (a) Informant John S. Williams 1
(b) Address 1411a N. Sarah St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson

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

19. (a) APR 11 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 08 year 1946 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from April 2, 1946 to April 8 1946 that I last saw her alive on April 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage with Left side Hemiplegia — Duration Unk

Due to

Due to

Other conditions Malnutrition
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Orion F. Ayer (M. D. or other)
Address 2601 N Whittier Date signed 4/10/46

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thos J Gates

Licensed Embalmer No. 4 259

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.