

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1946
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15332

State File No. _____

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3872

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:
1425a Hampton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME EMMA MAYLE WILLIAMS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec. 27, 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Pacific Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Gustave Mayle

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

14. Maiden name Carolinn ?

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

16. (a) Informant Marie Tuley

(b) Address 802 E. Loula; Olathe, Kan.

17. (a) Burial (b) Date thereof Apr. 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial park

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Anchester Ave. Maplewood Mo.

19. (a) App 29 1946 (b) J. P. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1425a Hampton Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1946 hour 4:10 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from May 29 1945 to April 27 1946
that I last saw her alive on April 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 1/2 days
Duration _____

Due to _____
Due to _____

Other conditions Hypertensive Cardiac Condition
(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 Vincent F. Townsend (M. D. or other) M.D.
Address 3101 Sutton Ave. Maplewood Mo. Date signed 4.29.46

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

12-2-46

Thomas H.

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.