

FILED APR 24 1946

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 3468

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Alexian Bros Hospital  
(d) Length of stay: In hospital or institution 2 Weeks  
In this community                       
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County                       
(c) City or town St. Louis  
(d) Street No. 3209 Jasper Park  
(e) Citizen of foreign country?                      (Yes or No)  
If yes, name country                     

3. (a) PRINT FULL NAME

Harry B. Williams

3. (b) If veteran, name war                     

3. (c) Social Security No. 493-09-4193

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Frances 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased July 18 1893  
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 27 days If less than one day hr.                      min.                     

9. Birthplace McAlester Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance

11. Industry or business                     

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Frances Williams

(b) Address 3209 Jasper Park

17. (a) Burial (b) Date thereof 4/17/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec st.

19. (a) APR 15 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1946 hour 10:30 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 1 1946 to April 14 1946 that I last saw him alive on April 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach Duration                       
Due to Secondary anemia                     

Due to                       
Other conditions (include pregnancy within 3 months of death)                     

Major findings: Of operations Carcinoma of Pylorus with metastases Of autopsy Carcinoma of Pylorus with metastases 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?                       
(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 W. Schumacher (M. D. or other)                       
Address 3318 S. Grand Date signed 4-15-46

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

11-2-39

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**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 Francis Williamson  
Licensed Embalmer No. 3565  
P. O. Address St Louis Mo.

**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.**