

S. No. 2
OM-5-43
v. 5-17-39
I X36671

State File No.

FILED MAY 31 1946

1003

Registrar's No. 4520

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
Hyer (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Fletcher Williams.

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

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased December 12, 1883.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 4 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Allen Williams

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

14. Maiden name Matilda Eastman

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

16. (a) Informant Elnora Whitmore

(b) Address 4353 A. Evans Ave

17. (a) Burial (b) Date thereof 5/22/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts

(b) Address 1416 N. Taylor
19. (a) MAY 20 1946 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4353 A. Evans Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1946 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from 3-30, 19 46 to 5-16, 19 46
that I last saw him alive on 5-16, 19 46;
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease with Left Hemiplegia

Duration Unk

Due to

Due to

Other conditions. NO
(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? () Means of injury 0

23. Signature E. J. Williams (M. D. or other) 0
Address 2601 N. White Date signed 5/18/46

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

17932

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 *Fulton G. Culkin*.....

Licensed Embalmer No. *198*.....

P. O. Address *St. Louis 13. 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.