

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

1961

State File No. _____

FILED MAY 17 1946
Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **4167**

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 17 days
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 976
(c) City or town St. Louis County (Winlock)
(If outside city or town limits, write "RURAL")
(d) Street No. Ardmore & Carson (If rural, give location) NR. 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Virginia Williams

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

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

6. (b) Name of husband or wife Harvey Williams 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 27 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Residence

12. Name Stephen Petcher

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

14. Maiden name Unavailable

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

16. (a) Informant Harvey J. Williams

(b) Address Ardmore & Carson Rd. St. Co.

17. (a) Burial (b) Date thereof 5-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Boyd Bros.

(b) Address St. Louis Mo.

19. (a) MAY 8 1946 (Date received local registrar) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1946 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from April 14, 19 46 to May 1, 19 46
that I last saw her alive on May 1, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration Unk

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy No

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 H. J. Curwin (M. D. or other) _____

Address 2601 N. Whites Date signed 5/7/46

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

MOTHER FATHER

Duration

Unk

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Edward A. Flynn, Registered Apprentice No. *397*
working under my personal supervision.

Signed *James A. Johnson*

Licensed Embalmer No. *3522*

P. O. Address *3704 Tully 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.