

FILED JUN 26 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5474

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oau

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amelia Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex F 3 5. Color or race negro 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: abt 71
Years Months Days If less than one day
hr. min.

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

10. Usual occupation Domestic

11. Industry or business _____

12. Name George Dray

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

14. Maiden name unknown

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

16. (a) Informant Dwight Williams
(b) Address 4705 Mc Millian

17. (a) Burial (b) Date thereof 6-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Atkins Bros. Int. Co
(b) Address 3644 Finney Ave.

19. (a) JUN 19 1946 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1946 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 6-5 1946, to 6-16 1946
that I last saw h. er alive on 6-16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Lobar Pneumonia

Duration Undet.

Due to _____

Due to _____

Other conditions None
(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 J

23. Signature Orian J. Ayer (M. D. or other) _____
Address 2601 7th Date signed 6/17/46

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

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.....

working under my personal supervision.

....., Registered Apprentice No.

Signed

Rorris V. Atkins

..... Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney A*

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.