

FILED JUL 18 1946

STANDARD CERTIFICATE OF DEATH

State File No.

5786

1003

Registrar's No.

Registration District No.

Primary Registration District No.

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 6 days
(Specify whether _____)
In this community _____
years, months or days

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. 1520 Elliott
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irene Carter Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race C 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 1 2 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) MISS. (State or foreign country)

10. Usual occupation LABORER

11. Industry or business LIGGETT MYERS Tob.

12. Name JULY HUMES

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

14. Maiden name STAIR

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

16. (a) Informant Chas Humes

(b) Address 4118 FINNY AV.

17. (a) _____ (b) Date thereof 7 3 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEM.

18. (a) Signature of funeral director W. E. Walton

(b) Address 2707 S. Endland St.

19. (a) JUL 9 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1946 hour 5 minute 42 A. M.

21. I hereby certify that I attended the deceased from 6-20, 1946, to 6-26, 1946;
that I last saw h. er alive on 6-26 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Duration Undet.

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) (i) Means of injury _____

23. Signature Orison J.eyer (M. D. or other) _____
Address 2601 N. Whittier Date signed _____

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

21212

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.

Emb. cert. filed separately.
Signed.....

Licensed Embalmer No.....

P.O. Address.....

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.