

STANDARD CERTIFICATE OF DEATH

State File No. **25868**  
Registrar's No. **6524**

Registration District No. **318** Primary Registration District No. **1003**

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

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... **4 Hrs. 43 Mins.**  
(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. .... **606 E. Madison**  
**Kirkwood, Missouri** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Curtiss Jerome Williams**

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

4. Sex **Male** 2 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced..... **0**

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

7. Birth date of deceased..... **7 11 46**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<b>4 hr. 43 min.</b>

9. Birthplace..... **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name..... **Eland Williams Jr.**

13. Birthplace..... **Kiziesco Mississippi**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Sarah Eliza beth Williams**

15. Birthplace..... **Manchester Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Father M. Sherrard, R.N.**

(b) Address..... **2601 N. Whittier Street**

17. (a) **Burial** (b) Date thereof..... **JUL 25 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **CITY CEMETERY**

18. (a) Signature of funeral director..... **V. B. Hudson**

(b) Address..... **Last Health Dept**

19. (a) **JUL 25 1948** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **12**  
year **1946** hour **3:43** minute **A.** M.

21. I hereby certify that I attended the deceased from **11:00 P. M.**  
**7 - 11** 1946 to **3:43 A.M. 7-12** 1946  
that I last saw him alive on **7 - 12** 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

**Prematurity**

Due to.....

Due to.....

Other conditions.....  
(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.....

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) (c) Means of injury.....

23. Signature..... **W. F. S. Miller** (M. D. or other)

Address..... **2601 N. Whittier** Date signed **7-23-48**

Duration

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

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.**