

FILED NOV 12 1946
318

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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 ROBERT G. PHILLIPS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(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. 2607 Glasgow
(If rural, give location)

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

3. (a) PRINT FULL NAME BEULAH WILLIAMS

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

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

6. (b) Name of husband or wife Arthur 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Oct 25 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>0</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Palestine Texas
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name Sam Frankkull

13. Birthplace not known Texas
(City, town, or county) (State or foreign country)

14. Maiden name Alizia Prica

15. Birthplace not known Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Williams

(b) Address 2589 A Montgomery

17. (a) Removal (b) Date thereof OCT 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palestine Texas

18. (a) Signature of funeral director A. B. Richards

(b) Address 2625 Glasgow

19. (a) OCT 30 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

1003

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 10/29/46 to 10/29/46
that I last saw him alive on 10/28/46 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
supratentorial 9 days

Due to Hyperclension

Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: M 83

Of operations _____

Of autopsy M 83

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? _____ (Specify type of place) _____

23. Signature J. F. Bredeck (b) 10/29/46
(Date signed)

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.....

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

Signed *A.P. Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2125 Glasgow*

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.