No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35728

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8985

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 3 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. 2715 Washington
(If rural, give location)

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

3. (a) PRINT FULL NAME Raife Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race Col. 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 11 (Month) 24 (Day) 1884 (Year)

8. AGE: Years 61 Months 10 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

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Will Williams

(b) Address 2715 Washington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-46 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard Sr

19. (a) OCT 21 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1946 hour 8 minute 15 A M.

21. I hereby certify that I attended the deceased from 10-15, 1946, to 10-18, 1946; that I last saw him alive on Oct. 18, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerotic Heart Disease with marked Decompensation — Undet.

Due to

Due to

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

Major findings:
Of operations

Of autopsy No

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. R. Williams (M. D. or other)

Address 2601 N Whittier Date signed 10/18-46

(Licensed Embalmer's Statement on Reverse Side)

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 L Boy

....., Registered Apprentice No. M

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 294

P. O. Address St Louis

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.