

No. 2
1-5-43
5-17-39
I X36671

FILED OCT 16 1946
Registration District No. **318**

Primary Registration District No. **1003**

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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **12 days**
In this community..... **56 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL") **1117**
(d) Street No..... **4460 W. Belle Pl.** (If rural, give location) **9**
(e) Citizen of foreign country?..... **No** (Yes or No) **10**
If yes, name country.....

3. (a) PRINT FULL NAME..... **VAN DORN WILLIAMS**

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

4. Sex..... **Male** 5. Color or race..... **C** 6. (a) Single, widowed, married, divorced..... **Widowed**

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

7. Birth date of deceased..... **Nov. 21st 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 10 hr. min.

9. Birthplace..... **Lexington Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired Clerk**

11. Industry or business..... **Lambert Pharmacal Co.**

12. Name..... **Unavailable** 9

13. Birthplace..... **Unavailable** 9
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unavailable** 9

15. Birthplace..... **Unavailable** 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Van Dorn Williams Jr.**

(b) Address..... **4460 W. Belle**

17. (a) **Burial** (b) Date thereof..... **Oct. 5, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peters Cemetery**

18. (a) Signature of funeral director..... **Chas. J. Gates**

(b) Address..... **4107 Finney Ae.**

19. (a) **OCT 4 1946** (Date received local registrar) **J. F. Bredet** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **1st**
year..... **1946** hour..... **9** minute..... **15 P.** M.

21. I hereby certify that I attended the deceased from **Sept. 18**, 19**46** to **Oct. 1st**, 19**46**
that I last saw him alive on **October 1st**, 19**46**; and that death occurred on the date and hour stated above.

Immediate cause of death..... **exhaustion** Duration
Carcinoma of bladder Unk.
~~extended throughout body~~
Due to..... **Urinary bladder**

Due to.....
Other conditions..... (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy..... **Carcinoma**

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) (c) Means of injury.....
23. Signature..... **J. P. Christian** (M. D. or other)
Address..... **11 N. Jefferson Ave.** Date signed..... **10/14/46**

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

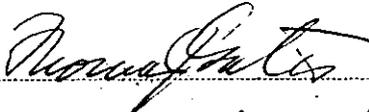
34552

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.....

..... Thomas J. Gates, Registered Apprentice No.....

working under my personal supervision.

Signed..... 

Licensed Embalmer No. 4259.....

P. O. Address. 4107 Finney Ave......

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.