S. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39239

Registrar's No. 9811

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: St. Mary's Infirmary 1536 Papin St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Months - 13 days (Specify whether years, months or days)
In this community: 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: ST LOUIS
(c) City or town: ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No.: 1305 CARR. ST (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: Williams, Roxie
3. (b) If veteran, name war: No
3. (c) Social Security No.: NO
4. Sex: F. 3
5. Color or race: Col
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Charles
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: 7 (Month) 28 (Day) 1887 (Year)

8. AGE: Years 59 Months 3 Days 17 If less than one day hr. min.

9. Birthplace: Mississippi (City, town, or county) 1 (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
MOTHER FATHER
12. Name: JACOB RICHARDSON
13. Birthplace: MISS (City, town, or county) 1 (State or foreign country)
14. Maiden name: UNKNOWN
15. Birthplace: " " (City, town, or county) (State or foreign country)
16. (a) Informant: Charles Williams
(b) Address: 1305 Carr St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Bernice Lowe
(b) Address: 3103 Washington
19. (a) NOV 18 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 15th year: 1946 hour: 7 minute: 45 A.M.
21. I hereby certify that I attended the deceased from August 2, 1946, to 11-15, 1946; that I last saw her alive on November 14, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of recto-sigmoid Colon, with metastasis	1 yr.
Due to:	
Due to:	
Other conditions: Emaciation (Include pregnancy within 3 months of death)	6 MO.

Major findings: Of operations: 8-16-46 Carcinoma of rectum. Ca. of liver
Of autopsy: Same

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: 0
23. Signature: Edwin A. Lee (M. D. or other): MD
Address: 1536 Papin St. St. Louis Mo. Date signed: 11/16/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address. 4575 Aldine

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.