

No. 2-2-45
7-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 7 1947
Registration District No. 317

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
318
9063
Primary Registration District No. 1003

State File No. 43670
Registrar's No. 244

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town CLAYTON, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 DAYS
(Specify whether
In this community 13 yrs. 2.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 9/6
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 716 Syracuse
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cleveland Williams
3. (b) If veteran, name was Lt. Col. Hadley
3. (c) Social Security No. _____
4. Sex MO 5. Color or race Col
6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife Louise Hadley
6. (c) Age of husband or wife if alive 41 (P) years
7. Birth date of deceased 8 24 83
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 17
year 1946 hour 12 minute 20 P.M.
21. I hereby certify that I attended the deceased from December 3, 1946 to December 17, 1946,
that I last saw him alive on December 17, 1946,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 4 20 hr. _____ min.

Immediate cause of death acute ventricular fibrillation Duration 1 minute
Due to hypertensive cardio-vascular disease Several months
Due to 93d

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

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Janitor
11. Industry or business _____
MOTHER FATHER
12. Name Joe Williams
13. Birthplace Miss
(City, town, or county) (State or foreign country)
14. Maiden name Louise Tumber
15. Birthplace Miss
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Cleveland Williams
(b) Address 716 Syracuse
17. (a) Anatomical Board Date thereof 1-31-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington D.C.
18. (a) Signature of funeral director W. Smith
(b) Address 3500 Ruffin St. South Dallas, Tex
19. (a) FEB 3 1947 (b) W. Smith
(Director's local seal) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. Smith M.D. (M. D. or other) 0
Address 601 Brentwood Date signed 2/15/46

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.