

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2084**

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

**1. PLACE OF DEATH**

(a) County St. Louis Mo  
 (b) City or town St. Louis Mo  
 (If outside city or town limits, give "RURAL" and name of township)  
 (c) Name of hospital or institution 528 S. Owing  
 (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

**3. (a) PRINT FULL NAME** Mathew Williams

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** Male **5. Color**  Negro

**6. (a) Single, widowed, married, divorced** 0

**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_ years

**7. Birth date of deceased** Feb 7 1917  
 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
			hr. min.

**9. Birthplace** St. Louis Mo  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** unk

**11. Industry or business** unk

**12. Name** Eugene Williams

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

**14. Maiden name** unk

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

**16. (a) Informant** Thos F. Cattanaul

**(b) Address** 300 Clark

**17. (a)** \_\_\_\_\_ **(b) Date thereof** 2-28-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** \_\_\_\_\_

**18. (a) Signature of funeral director** W. R. ...

**(b) Address** 300 Clark

**19. (a)** Feb 9 1947 **(b)** \_\_\_\_\_  
 (Date received local registrar) (Registrar's signature)

**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")  
 (d) Street No. 528 S. Owing 229  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb day 9  
 year 1947 hour 10 minute am M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to TENT OVALES

Due to W.M.A.

Other conditions \_\_\_\_\_  
 (Include pregnancy within 8 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

**23. Signature** Ed ... **(M. D. or other)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Date signed** 2/10/47

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**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.**