

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7143

State File No.

FILED FEB 24 1947

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1542

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 23 days
In this community..... 10 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie Williams

3. (b) If veteran, name war. None 3. (c) Social Security No. 426-44-5072

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leola Williams 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased March 17th 1921
(Month) (Day) (Year)

8. AGE: Years 25 Months 10 Days 23
If less than one day hr. min/

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

10. Usual occupation Foundary Laborer
Century Foundary

11. Industry or business.....

12. Name Sam. Williams

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

14. Maiden name Hattie Washington

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

16. (a) Informant Hattie Williams
(b) Address 3109, Thomas. Street

17. (a) Burial (b) Date thereof 2/17/ 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green wood Cemetery

18. (a) Signature of funeral director Eric W. Walker

(b) Address 3109 Thomas St

19. (a) FEB 14 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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. 3109 Thomas St
(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 10
year 1947 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from 1-18, 1947, to 2-10, 1947;
that I last saw him alive on Feb. 10, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease with De-
compensation Duration Undet.

Due to.....
Due to..... 95

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

Major findings:
Of operations.....
Of autopsy No
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) (g) Means of injury 0

23. Signature Edw. B. Williams (M.D. or other)
Address 2601 N Whittier Date signed 2/11/47

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

MOTHER FATHER

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 *[Handwritten Signature]*
Licensed Embalmer No. *4441*
P. O. Address *3959^a Cook 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.