

S. No. 2
OM-5-43
EV. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7292
Registrar's No. 457

FILED MAR 13 1947

Registration District No. _____ Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis,
University City,

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence; # 443 Westgate Ave.,
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. # 443 Westgate Ave.,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME TYRRELL WILLIAMS.

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

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

6. (b) Name of husband or wife Zoe Harrison Williams. 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July 17 1875
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

71 7 14 hr. min.

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

10. Usual occupation Retired; Professor of Law

11. Industry or business Washington University.

12. Name Meade Craighton Williams.

13. Birthplace Indianapolis, Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Riddle.

15. Birthplace Cannonbury, Pa.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Zoe H. Williams.

(b) Address 443 Westgate Ave.,

17. (a) Cremation. (b) Date thereof. 3-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) 3-3-47 (b) Robt J. Allen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
year 1947 hour 1:45 minute A.M.

21. I hereby certify that I attended the deceased from Sept 1, 1933, to March 1, 1947
that I last saw him alive on March 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 24 hrs.

Due to _____

Due to _____

Other conditions chronic myocarditis Duration 10 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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)

(e) Means of injury Ⓢ

23. Signature Wm B Becke (M. D. or other) _____
Address 3720 Washington Date signed 3/1/47

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

MOTHER FATHER

#-11-3-1-1-4-7-1
3-10-47

Dr. Wm. C. Becker

3720 Washington

JE 8498

Hrs. 1-2 Mason

MAY 6 1947
APR 29 1947
APR 6 1947

APR 31 1947

NOV 1 1947

MAR 13 1947

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood, Md

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.