

No. 2
2-45
17-39
X4720

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED APR 12 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11701
3484
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G Phillips Hospital
(d) Length of stay: In hospital or institution 13 days
In this community _____
years, months or days

3. (a) PRINT FULL NAME Arthur Williams
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color of race Cal 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carrie Williams 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased 5-16-1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Beline Co., Ill (City, town, or county) (State or foreign country)

10. Usual occupation Whiffeur

11. Industry or business _____

12. Name James Williams 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Williams
(b) Address 632 Bell Ave - Webster Groves

17. (a) Burial (b) Date thereof 4-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clayton Rd. Come

18. (a) Signature of funeral director J. P. Lewis
(b) Address 7700 Drexel Ave, St. Louis

19. (a) APR 2 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town: ~~St. Louis~~ Chesterville
(If outside city or town) Webster Groves
(d) Street No. Unknown 632 Bell Ave
(If rural, give location) NR 4
(e) Citizen of foreign country? (Yes or No) No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 30
year 1947 hour 3 minute 20 A M.
21. I hereby certify that I attended the deceased from 3-17 19 47 to 3-30 19 47
that I last saw him alive on Mar. 30 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Encephalopathy
Duration Undet.

Due to 87
Due to _____

Other conditions: Psychosis with Organic Brain Disease
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No
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 H. J. Erwin (M. D. or other) 9
Address 2601 N Whittier Date signed 3/31/47

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

J. C. Lewis

Licensed Embalmer No.

2077

P. O. Address

Helena, Wyo

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.