

No. 2
1-5-43
5-17-39
I X36871

FILED MAR 24 1947
Registration District No. 318

1003

Primary Registration District No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town 7951 Gannon Ave.
(d) Street No. University City
(e) Citizen of foreign country? no
If yes, name country

3. (a) PRINT FULL NAME IDA L. WILLIAMS.
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Francis Marion Williams.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 23 1875

8. AGE: * Years 71 Months 2 Days 17
If less than one day hr. min.

9. Birthplace Mount Pleasant, Missouri
10. Usual occupation at home
11. Industry or business

12. Name Augustine Brown.
13. Birthplace unknown Ky.
14. Maiden name Sarah Adams.
15. Birthplace unknown Ky.

16. (a) Informant Mrs. Hanford Phillips.
(b) Address 7951 Gannon Ave.
17. (a) Burial (b) Date thereof 3/12/47
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) MAR 10 1947 (Date received local registrar)
(b) Registrar's signature

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 10
year 1947 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from October 19 43 to March 9 19 47
that I last saw her alive on March 9 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage (Ventricular) 4 1/2 hrs.
Due to Cerebral Arterio-sclerosis ???
Other conditions None
Major findings: Of operations
Of autopsy: Ventricular hemorrhage

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?
(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 of physician (M. D. or other)
Address 835 Univ. Club Bldg. Date signed 3-10-47

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

MOTHER FATHER

Dr. W. J. ...
University Club
95 7472
also —

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 Mo

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.