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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11709

FILED MAR 31 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3066

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 Phillips Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Abt. 14 Hrs. (Specify whether years, months or days)

In this community 20 Yrs.

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. 4232 W. N. Market
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Percy Williams

3. (b) If veteran, name war --

3. (c) Social Security No. 496-30-5861

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased About 1896 (Month) (Day) (Year)

8. AGE: Years About 51 | Months | Days | If less than one day hr. min.

9. Birthplace Baton Rouge (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation Odd Jobs

11. Industry or business ----

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) Unavailable (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavialble (City, town, or county) Unavialable (State or foreign country)

16. (a) Informant Hazel Giles
(b) Address 4232 W. N Market

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) MAR 22 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other) Cor.

Address 1300 Clark Ave. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

John K. Cunningham, Registered Apprentice No. 452,

working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney 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.