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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19500
State File No. _____
Registrar's No. 5526

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Saint Louis
(c) Name of hospital or institution:
3919 Evans Avenue
(d) Length of stay: In hospital or institution four months
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(d) Street No. 3919 Evans Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Williams
3. (b) If veteran, name war no
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 28
year 1947 hour 7:54 minute P M.
21. I hereby certify that I attended the deceased from

4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mallissa Williams
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased December 14, 1894
(Month) (Day) (Year)

that I last saw him alive on and that death occurred on the date and hour stated above.
Immediate cause of death

8. AGE: Years 52 Months 5 Days 14 If less than one day hr. min.

Registered Arterio Sclerosis
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.

9. -Birthplace: Atlanta Georgia
(City, town, or county) (State or foreign country)
Labor

10. Usual occupation Service Station
11. Industry or business
12. Name Joseph Williams
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

16. (a) Informant Mallissa Williams
(b) Address 3919 Evans Ave.
17. (a) Burial (b) Date thereof
(c) Place: burial or cremation Washington Park Cem

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?

18. (a) Signature of funeral director J. F. Bredes
(b) Address 3615 Easton Ave.
19. (a) JUN 4 1947 (b) J. F. Bredes
(Date received local registrar) (Registrar's signature)

While at work? Means of injury
23. Signature Date signed 6/18/47
(M. D. or other)

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Joseph E. Cooper, Registered Apprentice No. *505*
working under my personal supervision.

Signed *John D. Hyatt*
Licensed Embalmer No. *4641*
P. O. Address *2829 Washington Pl.*

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.