. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19501

FILED MAY 22 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4815

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis County
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Missouri (b) County
(c) City or town St. Louis County 0
(If outside city or town limits, write "RURAL")
(d) Street No. 41 W Wesley, Kinloch 0
(If rural, give location)
NR.
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

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

4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife Not known
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 31 (Day) — 1946 (Year)

8. AGE: Years ~~9 mos~~ Months 9 Days 8 If less than one day hr. min.

9. Birthplace St Louis Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name John L ~~Brown~~ Williams
13. Birthplace hatties berg. miss 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Brown
15. Birthplace hatties. berg miss 1 (City, town, or county) (State or foreign country)
16. (a) Informant John L Williams
(b) Address S. Kinloch Park Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director Boyd Bros Fun
(b) Address Liv Stanley - Kinloch, Mo
19. (a) MAY 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1947 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from 5-8 1947 to 5-9 1947; that I last saw him alive on May 9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease — Duration Undet.
Due to ~~Type~~ Undetermined
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature Theodore Blevins (M. D. or ~~other~~)
Address 601 N Whittier Date signed 5/12/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Theodore Blevins

WRITE PLAINLY—USING 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lawrence E Woodson

Licensed Embalmer No. 4341

P. O. Address St Louis 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.