

No. 2  
12-45  
17-39  
X47070

FILED JUL 7 1947

Registration District No. **7398** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Ada Williams**  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Miles E. Williams**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **May 13, 1904**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **0** Days **11**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Acan Politte**  
13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Leona Labuyere**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Miles E. Williams**  
(b) Address **6312 Louisiana Ave.,**

17. (a) **Burial** (b) Date thereof **6-27-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**  
**Southern Funeral Home**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **6322 S. Grand Blvd.,**

19. (a) **JUN 26 1947** (b) **J. F. Broad**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **1790**  
(d) Street No. **6312 Louisiana**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24th**  
year **1947** hour **5** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **May 1**, 19 **47**, to **June 24**, 19 **47**  
and that death occurred on the date and hour stated above.  
I last saw her alive on **June 23**, 19 **47**

Immediate cause of death **uremia** Duration **5 days**  
Due to **chr. nephritis** **1 year**

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 **Owen J. McNamee** (M. D. or other) **no**  
Address **7606 Hubber** Date signed **June 27**

Acc

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**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. Wm. Bentley  
Licensed Embalmer No. 3653  
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.**