. S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947
#71460

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22768

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6012

1. PLACE OF DEATH:
(a) County
(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 4 weeks (Specify whether
In this community
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1208 S. 18th 7
(If rural, give location)
(e) Citizen of foreign country? 22 (Yes or No)
If yes, name country

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

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unk (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
abt. 70			hr. min.

9. Birthplace SYRIA (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business

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

MOTHER
14. Maiden name UNKNOWN
15. Birthplace SYRIA (City, town, or county) (State or foreign country)

16. (a) Informant TOM WILLIAMS
(b) Address 221 McREYNOLDS ST. PEORIA ILLINOIS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 24 1947 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MARY CEM. MINNEAPOLIS MINNESOTA
18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) [illegible] (Date re[illegible]) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st year 1947 hour 10:05 minute A M.

21. I hereby certify that I attended the deceased from ..., 19..., to June 21st, 1947 that I last saw him alive on June 21st, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Addison's Disease — Duration 2 weeks
Not Tuberculosis
Due to Atrophy of adrenals
Due to
Other conditions Post-op. Mastro-jejunostomy
(Include pregnancy within 3 months of death)

Major findings:
Of operations Duodenal ulcer.
Of autopsy Adrenal atrophy.

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)
While at work? (e) Means of injury

23. Signature Philip F. Frank (M. D. or other)
Address 1515 Lafayette Date signed 6/21/47

Jefferson City Printing Co.
JUN 25 1947

(Licensed Embalmer's Statement on Reverse Side)

PHILIP FRANK

6012

MAY 29 1958

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 Leo J. Budde

Licensed Embalmer No. 3989

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.