

FILED JUL 26 1947

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6765

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:
En Route to Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2346 Arkansas
17 (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HORACE E. WILLIAMS

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex Male race white

5. Color or divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 15 1897
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
year 1947 hour 11 minute 08 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 Demorrhage into chronic interstitial nephritis

AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>9</u>	<u>2</u>	_____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Missouri Pacific R.R.

MOTHER, FATHER { 12. Name Edward B. Williams

{ 13. Birthplace Des Arc Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name May Prentiss

{ 15. Birthplace De Soto Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 12/1

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mabelle St. Denis

(b) Address 3849 Humphrey

17. (a) Burial (b) Date thereof July 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Peety Funeral Home

(b) Address 3029 Lafayette

19. (a) JUL 18 1947 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Alfred J. Hany (M. D. or other) _____

Address Deputy Coroner Date signed 7:18 47

JUL 18 1947

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

1269

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.....

A. W. Jenks

Licensed Embalmer No. 4149.....

P. O. Address. 3029 Lafayette 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.