

FILED JUL 21 1947

State File No. _____

Registration District No. 318

Primary Registration District No. _____

Registrar's No. 2504

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:
2327 MULLANPHY ST.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 YRS.
(Specify whether years, months or days)
 In this community 7 YRS.

8. (a) PRINT FULL NAME THOMAS PINKNEY WILLIAMS

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex MALE 6. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased MARCH - 8 - 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>	<u>4</u>	<u>0</u>	hr. min.

9. Birthplace E. CAPE GIRAR DEAU ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business _____

12. Name UNKNOWN - WILLIAMS

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature MRS ARTHUR DAYEY

(b) Address 5620 ROOSEVELT PL.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-10-47
(Month) (Day) (Year)

(c) Place: burial or cremation CHAFFEE MO.

18. (a) Signature of funeral director ROWLAND FUNERAL Soc

(b) Address 4355 WASHINGTON AVE

19. (a) JUL 24 1947 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 2327 MULLANPHY ST.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 20 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8 year 1947 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from July 6 to July 8, 1947
 that I last saw him alive on July 8, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Myocarditis
Wemic P. ...

Due to 12/8
 Due to 12/8
 Other conditions Chronic Prostatitis
(Include pregnancy within 7 months of death)

Major findings: for thirty years
 Of operations _____
 Of autopsy _____

Underline the cause to which death should be charged statistically
 PHYSICIAN

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 B. F. Streigel (M. D. or other) _____
 Address 1875 Madison Date signed 7/19/47

MARGIN RE-... BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39

Rev. 1-1-47

1699

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..... *Ronald Zahrke*.....

Licensed Embalmer No..... *3917*.....

P. O. Address..... *4855 Washington*.....

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, above space should be left blank.