

FEDERAL BUREAU OF VITAL STATISTICS

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. ....

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: **City Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **28 years**  
(Specify whether years, months or days)

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. **622 N. Garrison Ave**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **EARL WILLIAMS**

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex **male** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **married**

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

7. Birth date of deceased **December 12, 1899**  
(Month) (Day) (Year)

8. AGE: Years **47** Months **8** Days **21** If less than one day hr. .... min.

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

10. Usual occupation **Nil**

11. Industry or business.....

12. Name **Turner Williams**

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

14. Maiden name **Anna Wallace**

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

16. (a) Informant **Shelma Singler**  
(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **9-8-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **C. W. Roberts**

(b) Address **1416 N. Taylor Ave**

19. (a) **SEP 5 1947** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **3**  
year **1947** hour **5:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **December 16, 1946** to **September 3, 1947**  
that I last saw him alive on **September 3, 1947**  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death **Subdural Hematoma-left Hemi cerebrum**  
**Central Nervous system Syphilis**  
~~without history of accident~~

Due to **1 week**

Due to.....

Other conditions.....  
(include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy **Yes**

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 **[Signature]** (M. D. or other) **M.D.**  
Address **City Sanitarium** Date signed **4 Sept 47**

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

MOTHER FATHER

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.....

*Fulton E. Culkin*

Licensed Embalmer No.....

*4198*

P. O. Address.....

*St Louis 13 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.