S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33152

FILED SEP 18 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8373

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

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 Deaconess 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)

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. 2217 Thurman Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Hortense E. Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James S.

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

7. Birth date of deceased November (Month) 23rd, (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	9	7	hr. min.

9. Birthplace Dubuque, (City, town, or county) Iowa (State or foreign country)

10. Usual occupation home

11. Industry or business

FATHER
12. Name S. S. Smith
13. Birthplace Duchess County (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Mary FitzRandolph
15. Birthplace Duchess County (City, town, or county) New York (State or foreign country)

16. (a) Informant H. Berrien Williams
(b) Address 2217 Thurman, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) SEP 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th year 1947 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 7-24- 1947 to 8-30 1947 that I last saw her alive on 8-29- 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Heat exhaustion

Due to

Due to

Other conditions Chr. myocarditis
(Include pregnancy within 3 months of death)
Senility. Paralysis agitans

Major findings:
Of operations

Of autopsy

Duration

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 W. F. Henn (M. D. or other) MD

Address 2203 Chippewa Date signed 8/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

8373

SEP 25 1947

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 Robert C Wheeler

Licensed Embalmer No. 2128

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.