S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40335

FILED DEC 6 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10724

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 38 days (Specify whether
In this community 26years
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. 5356 Vernon
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME G eorge Williams
3. (b) If veteran, name war none
3. (c) Social Security No. unknow
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 20, (Day) 1894 (Year)

8. AGE: Years 53 | Months 4 | Days 0 | If less than one day hr. min.
9. Birthplace ? (City, town, or county) Miss. (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER 12. Name Unknow
13. Birthplace Unknow (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknow
15. Birthplace Unknow (City, town, or county) (State or foreign country)
16. (a) Informant Clarence Williams
(b) Address 5205 State Chicago, Ill.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director Dement & son
(b) Address 3628-31 Cole Street
19. (a) NOV 21 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1947 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct. 12, 19 47, to Nov. 20, 19 47, that I last saw him alive on Nov. 20, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration: Undet.
Hypertensive Heart Disease
Due to
Due to
Other conditions Prob. Tabes Dorsalis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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) Nature of injury

23. Signature Burton E. Phillips (M. D. or other)
Address 2601 N Whittier Date signed 11/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Al[illegible]

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.