S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947 318

Registration District No.....

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40337

Registrar's No. 10357

**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 Christian Hospital
(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)

In this community.....

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dad

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3924a Penrose St. 9
(If rural, give location)

10

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

If yes, name country.....

3. (a) PRINT FULL NAME John Williams

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased Nov. (Month) 9, (Day) 1947 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| | | | 1 hr. ....min. |

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name John Cecil Williams

13. Birthplace Eugene, (City, town, or county) Missouri? (State or foreign country)

14. Maiden name Mavis Alva Starks

15. Birthplace Van Buren, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. John C. Williams

(b) Address 3924a Penrose St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/10/47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) NOV 10 1947 (Date received local registrar) J. J. Breeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 9th year 1947 hour 5:53 minute — P.M.

21. I hereby certify that I attended the deceased from 11-9-47, 19..., to 11-9-47, 19...; that I last saw h... alive on 11-9-47, 19...; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Premature Birth | |
| Due to 6 mo Gestation | |
| Hydramnios & amnitis | |
| Due to pregnancy | |
| Other conditions (Include pregnancy within 3 months of death) | |

PHYSICIAN — Underline the cause of which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy.....

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 T. Rhyan (M. D. or other)

Address 602 N. Grand Date signed 11-10-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted] Wynee
Unexecutive Club Bldg
607 N. Broad.

## 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.

Not Embalmed

Drehmann & Harrel

Signed.....Albert R. Thompson Jr.....

Licensed Embalmer No. 42-37

P. O. Address St. Louis

**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.**