S. No. 2
M—1/47
v. 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. 43610

FILED DEC 31 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11515

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 2mos (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2647 Spruce (If rural, give location) 9
22
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Henry Williams
3. (b) If veteran, name war none
3. (c) Social Security No.
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 May (Month) 10, (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
68	7	2	hr. min.

9. Birthplace Armstead (City, town, or county) Illinois (State or foreign country)
10. Usual occupation none
11. Industry or business none
FATHER 12. Name Jim Williams
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant French Warfield
(b) Address 2755 Clark Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Dale
18. (a) Signature of funeral director Allen Dale
(b) Address 5506 Franklin Ave.
19. (a) DEC 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1947 hour 5 minute 43 P M.
21. I hereby certify that I attended the deceased from Sept. 2, 1947 to Dec. 12, 1947; that I last saw him alive on Dec. 12, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma probably of the Gastro-intestinal Tract	
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: None	

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 James McWhittier (M. D. or other)
Address 2601 N Whittier Date signed 12/15/47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.