. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3214

Registrar's No. 905

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: 4406 Kennerly Ave. (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 Abt 40 years

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. 4406 Kennerly Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM WASHINGTON
3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Male
5. Color or race C
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Washington
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept. 17 1875 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Porter
11. Industry or business International Shoe Co.
FATHER 12. Name Unavailable
FATHER 13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Marie Washington
(b) Address 4406 Kennerly Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) JAN 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 27th year 1948 hour 7 minute 00 P. M.
21. I hereby certify that I attended the deceased from Jan 1, 1948 to Jan 27, 1948 that I last saw him alive on Jan 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	10m
Due to Hypertension	1yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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. A. Yancey (M. D. or other)
Address 2337 Market St. Date signed 1/29/48

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 Guy Shelton, Registered Apprentice No. 3, working under my personal supervision.

Signed Francis Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.