

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

Registration District No. **318**

Primary Registration District No. **1011**

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 19 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Marion Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Col
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased August 20 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>51</u>	<u>9</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business _____
12. Name Jean Williams

13. Birthplace Penn. (City, town, or county) (State or foreign country)

14. Maiden name Jane (City, town, or county) (State or foreign country)
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Rhodes

(b) Address 2601 N Whittier

17. (a) Anatomical Board (b) Date thereof JUN 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board
Rowland Mortuary Service

(a) Signature of funeral director _____
(b) Address 4104 Manchester Ave.

19. (a) JUN 30 1948 (b) J. P. Braddock
(Date received local registrar) (Registrar's signature)

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. 5800 Arsenal St
13 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1948 hour 5 minute 10a M.

21. I hereby certify that I attended the deceased from May 20, 1948, to June 8, 1948,
that I last saw him alive on June 8, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Psychosis Duration Undet.

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Osco L. Daniels (M. D. or other) _____
Address 2601 N Whittier Date signed 6/9/48

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.