

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21479**
Registrar's No. **5482**

FILED JUN 28 1948
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(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 14 days
In this community 14 days (Specify whether years, months or days)

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")
(d) Street No. 4363 N Market St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pete Williams
3. (b) If veteran, name war None
3. (c) Social Security No. 327-12-1321

4. Sex Male 2 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Williams
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased February 17 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 28
If less than one day hr. 22 min.

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

10. Usual occupation Barber

11. Industry or business Barber Shop

12. Name Tilford Williams

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

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

16. (a) Informant Lillian Williams
(b) Address 216 Weaver St., Venice, Ill.

17. (a) Washington Park (b) Date thereof June 19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Bradbeck
(b) Address 2205 No. 4th., E. St. Louis, Ill.

19. (a) JUN 17 1948 (b) J. F. Bradbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 15
year 1948 hour 8 minute 45 a.m.

21. I hereby certify that I attended the deceased from June 1 1948 to June 15 1948;
that I last saw him alive on June 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with right Hemiparesis
Duration Undet.

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy None

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 D. S. Carr (M. D. or other)
Address 2601 N Whittier Date signed 6/15/48

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

MOTHER FATHER

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 me
....., Registered Apprentice No.
..... working under my personal supervision.

Signed Thomas Marshall Hubson

Licensed Embalmer No. 4479

P. O. Address St Louis, Mo

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.