

FILED SEP 7 1948 318
 Registration District No. _____

Primary Registration District No. 1003

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 2 mos; 15 days
 In this community 19 yrs
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County _____
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2622 Franklin
21 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Johnnie Mae Williams
 3. (b) If veteran, name war No 3. (c) Social Security No. No
 4. Sex Female 5. Color or race Co
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 22 1901
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 17
 year 1948 hour 4 minute 43 P.M.
 21. I hereby certify that I attended the deceased from May 26, 1948 to August 17, 1948;
 that I last saw her alive on August 17, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Garcinoma of Ovary
 Duration Unk
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

8. AGE: Years 47 Months 3 Days 25 If less than one day _____ hr. _____ min.
 9. Birthplace Ga
 (City, town, or county) (State or foreign country)
 10. Usual occupation Nil
 11. Industry or business --
 12. Name John Williams
 13. Birthplace Ga
 (City, town, or county) (State or foreign country)
 14. Maiden name Mattie Lewis
 15. Birthplace Ga
 (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Delene Taylor
 (b) Address 2633 Pine St.
 17. (a) BURIAL (b) Date thereof 8-24-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation GREENWOOD
 18. (a) Signature of funeral director Bennie Done
 (b) Address 3103 WASHINGTON AVE
 19. (a) AUG 24 1948 (b) J. S. Prelock
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0
 23. Signature J. B. Clayton (M. D. or other) _____
 Address 2601 N Whittier St Date signed 8-23-48

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed

W. Claude Goy

Licensed Embalmer No. *45750*

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.