

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31537**  
Registrar's No. **8568**

FILED OCT 9 1948  
Registration District No. **318**

Primary Registration District No. **100's**

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

1. PLACE OF DEATH:  
(a) County ST LOUIS  
(b) City or town ST LOUIS  
(c) Name of hospital or institution:  
4180 Enright Ave.  
(d) Length of stay: In hospital or institution 40 yrs  
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 500  
(c) City or town ST LOUIS  
(d) Street No. 4180 Enright Ave  
(e) Citizen of foreign country? 19

3. (a) PRINT FULL NAME Mrs Dora Williams  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr day 2 year 1948 hour 9:00 minute A

4. (a) Sex FEMALE (b) Color of hair Col  
(c) Marital status Widowed  
(d) Name of husband or wife  
(e) Age of husband or wife if alive 1862 years

21. I hereby certify that I attended the deceased from 4-20 1948 to 9-29 1948  
that I last saw him alive on 9-28 and that death occurred on the date and hour stated above.  
Immediate cause of death Chr. Myocarditis Duration 4 yrs.

8. AGE: Years 86 Months 6 Days 19  
If less than one day hr min

Due to generalized atherosclerosis

9. Birthplace Atlanta Ga  
10. Usual occupation House Work

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

11. Industry or business UNKNOWN  
12. Name UNKNOWN  
13. Birthplace GA  
14. Maiden name W  
15. Birthplace GA

Major findings: Of operations None  
Of autopsy None  
PHYSICIAN None

16. (a) Informant Anna Thompson  
(b) Address 4180 Enright  
17. (a) Burial (b) Date thereof 10-5-48  
(c) Place: burial or cremation Greenwood  
18. (a) Signature of funeral director Blumfeld  
(b) Address 3103 Washington  
19. (a) OCT 1 1948 (b) J. F. Prosser

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?  
(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 Chas. Wepp (M. D. or other)  
Address 1418 Franklin Date signed 9/29/48

---

---

**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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

**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.**