

FILED SEP 24 1948

318

Primary Registration District No. ....

1003

Registration District No. ....

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

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: Barnes Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo  
(Specify whether years, months or days)

In this community 3 mo  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Pekin  
(If outside city or town limits, write "RURAL")

(d) Street No. 224 Charlotte St.  
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eleanora Mae Williams

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 347-20-9518

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14  
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 15, 1948 19\_\_ to Sept. 14, 1948, 19\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

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 Oct 4 1924  
(Month) (Day) (Year)

Immediate cause of death pulmonary tuberculosis - far advanced - bilateral + mixed Tuberculosis emphysema left.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations same

Of autopsy same

8. AGE:

Years	Months	Days	If less than one day
<u>23</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business Cookie factory

12. Name William H Williams

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

14. Maiden name Grace Strape

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Williams

(b) Address Pekin Ill

17. (a) Removal (b) Date thereof 9-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pekin Ill

18. (a) Signature of funeral director Ronald Martin, Sec

(b) Address 4104 Mangrove St

19. (a) SEP 16 1948 (Date received local registration)

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Signature C. O. Varnell (M. D. \_\_\_\_\_)

Address Barnes Hospital Date signed \_\_\_\_\_

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**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. *4343*.....

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.**