

No. 300
-10-47
5-17-39
P I 3906

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34845**
9639
Registrar's No.

FILED NOV 12 1948
Registration District No. **918**

Primary Registration District No. **1003**

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

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 5 days (Specify whether _____)

In this community _____
years, months or days)

3: (a) PRINT FULL NAME Denver Williams

3. (b) If veteran, F name war _____

3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: September 2nd, 1901
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace: Belmont Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Porter

11. Industry or business _____

12. Name: Andy Williams

13. Birthplace: Belmont Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Harriet Butler

15. Birthplace: Belmont Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Elberon Williams

(b) Address: 4333a Cook Avenue

17. (a) Removal (b) Date thereof: 11/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Charleston, Missouri

18. (a) Signature of funeral director: Charles J. Gates

(b) Address: 4107 Finney Avenue

19. (a) NOV 5 1948 (b) J. B. Laster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
13

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4333 a Cook
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1948 hour 4 minute 50 a.m.

21. I hereby certify that I attended the deceased from Oct. 29, 1948, to Nov. 3, 1948
that I last saw him alive on Nov. 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis 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? U

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature: Oscar Daniels (M. D. or other) _____

Address: 2601 N Whittier Date signed: 11/4/48

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.....

John L. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.