

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

FILED OCT 30 1948
Registration District No. **318**

Primary Registration District No. **1003**

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12

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

(d) Street No. 1216 Blair
25 (If rural, give location)

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

3. (a) PRINT FULL NAME John Williams

3. (b) If veteran, name war None

3. (c) Social Security No. 327-01-7575

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1948 hour 11 minute 28 P.M.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Anna Williams

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased January 15, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 5, 1948 to Oct. 15, 1948
and that death occurred on the date and hour stated above.
that I last saw him alive on Oct. 15, 1948

Immediate cause of death Bilateral Pyelonephritis with Uremia; Contracture Bladder Neck
Duration

8. AGE: Years Months Days If less than one day

59	9	0	hr. min.
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Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/33a

9. Birthplace ? Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Armour Packing Co

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings: Of operations _____

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Anna Williams

(b) Address 1216 Blair Ave.

17. (a) Burial (b) Date thereof 10/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale Cemetery

18. (a) Signature of funeral director: C.W. Roberts

(b) Address 1416 N. Taylor Ave.

19. (a) OCT 18 1948 J. B. Lanster
(Date received local authority) (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 _____

23. Signature Silas O Burns (M. D. or other) _____
Address 2601 N Whittier Date signed 10/18/48

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.....

Annie Roberts

Licensed Embalmer No. *4439*

P. O. Address. *1416 N. Taylor*

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.