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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 11 1948
318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 38794
Registrar's No. 10590

Registration District No. _____

Primary Registration District No. _____

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 25 days
(Specify whether _____)

3: (a) PRINT FULL NAME Carrie Williams
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Emmett Williams 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased September 23 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 2 9 _____ hr. _____ min.

9. Birthplace Westpoint Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Davis

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

14. Maiden name Joanna Jenkins

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

16. (a) Informant Emmett Williams

(b) Address 3023 Brantner Place

17. (a) Burial (b) Date thereof 12-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director: Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) DEC 7 1948 (b) J.B. Laster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3023 Brantner
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1948 hour 8 minute 10 a.m.

21. I hereby certify that I attended the deceased from Nov. 7, 1948, to Dec. 2, 1948
that I last saw h.er alive on Dec. 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease; Cerebral Hemorrhage 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? _____

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

23. Signature Oscar L. Daniels (M. D. or other) _____
Address 2601 N Whittier Date signed 12/3/48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Fulton E. Culkini

Licensed Embalmer No. 4198

P. O. Address St. Louis 13 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.