

No. 300
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FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED JAN 11 1949

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41944

State File No.

11225

Registrar's No.

Registration District No.

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3: (a) PRINT FULL NAME Elizabeth Coe Williams

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William David Williams

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

7. Birth date of deceased January 29 1866
(Month) (Day) (Year)

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

82 10 26 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Unavailable

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

14. Maiden name Unavailable

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

16. (a) Informant Leta Elizabeth Minshall

(b) Address 2411 Hood Avenue.

17. (a) Burial (b) Date thereof 12/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bevier, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 22 1948 (Date received by registrar)
J. B. Foster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2411 Hood Avenue.
NR (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 18 1948 to Dec 25 1948
that I last saw her alive on Dec 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall Bladder

Due to Hof

Due to Hof

Other conditions Hof
(Include pregnancy within 5 months of death)

Major findings: Carcinoma of Gall Bladder

Of operations _____

Of autopsy _____

Duration _____

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)

(c) Means of injury _____

23. Signature W. P. Zorn (M. D. or other)
3903 Olive Date signed 12/27/48

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 *Guastav W Duteil*

Licensed Embalmer No. *4329*

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.