

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43495
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City St. Louis (d) Street No. 4124 Fillmore 11745 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lorraine June Williams

(a) Residence, No. 4124 Fillmore St. 1 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 23, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 11 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. student
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

13. NAME William Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California

15. MAIDEN NAME Martha Gruner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

17. INFORMANT (ADDRESS) Mrs. W. Williams
4124 Fillmore

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 12-23-37

19. FUNERAL DIRECTOR (ADDRESS) Southern Funeral Home
6322 S. Grand

20. F. DEC 21 1937 J. J. Predeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20-37 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1937, to Oct 20, 1937

I last saw her alive on Oct 20, 1937 Death is said to have occurred on the date stated above, at 3p m.
The principal cause of death and related causes of importance were as follows:

Chronic Valvular
lesion of Heart
acute Nephritis
cause unknown

Date of onset Am
1934
Sept
1937

Other contributory causes of importance:

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) John J. Fabrick M. D.
(Address) 676 N Taylor

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. P. 2.
50M-7-26-37
I X12004

Dr. John Zichowski
536 N. Taylor
12.30.2

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. Frank Ludwig

No. 2504 or by....., Registered Apprentice No.....

working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

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.)