

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

**8** AUG 11 1939

**791**  
**1008**

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:  
3627 Lafayette Ave.  
(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 Thomas J. Williams. *452*

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Williams. 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 12 1865.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Retired Machinist.

11. Industry or business \_\_\_\_\_

12. Name James Williams. *0*

13. Birthplace Kentucky. *0*  
(City, town, or county) (State or foreign country)

14. Maiden name Lucey Groves.

15. Birthplace Bonne Terre, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Katherine Williams

(b) Address 3627 Lafayette Ave

17. (a) Burial (b) Date thereof 7-19-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 344 Indell Blvd

19. (a) JUL 18 1939 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis. *17*  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3627 Lafayette Ave.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 17th  
 year 1939 hour 1:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 13  
1939, to July 17, 1939;  
 that I last saw him alive on July 17, 1939;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Hemiplegia (apoplexy) *3 yrs.*  
arteriosclerosis *5*

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 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)  
 (a) Means of injury 1

23. Signature Thomas Markie (M. D. or other) \_\_\_\_\_  
 Address 607 no grand Date signed 7-17

*Memorizing Clerk 11/14*  
*No. 1000000000*

**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..... *W H Van Matre*  
Licensed Embalmer No. *2825*  
P. O. Address... *3840 Lindell*

**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, above space should be left blank.**