

BUREAU OF THE CENSUS
805033

791

Registration District No. **1003**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(c) Name of hospital or institution 2723 Duken
(d) Length of stay: In hospital or institution _____

In this community _____
years, months or days

3. (a) PRINT FULL NAME FOETUS WILLIAMS

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Male 5. Color or race col

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife 17 years

7. Birth date of deceased 6-24-1939
(Month) (Day) (Year)

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

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

10. Usual occupation nil

11. Industry or business nil

12. Name WILLIAMS

13. Birthplace _____

14. Maiden name Elizabeth Williams

15. Birthplace _____

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

(b) Address 2723 Duken

17. (a) _____ (b) Date thereof 8-1-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo

18. (a) Signature of General Director _____

(b) Address 1111 North 35th St St. Louis Mo

19. (a) AUG 1 1939 (b) J. P. Brudwick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1
(c) City or town St. Louis [2]
(d) Street No. 2723 Duken
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24
year 1939 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous Abortion

Due to Still Born

Due to Cause Unknown

Other conditions (Include pregnancy within 8 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 injury) (e) Means of injury _____

23. Signature J. P. Brudwick (Date or other) _____

Address 1111 North 35th St St. Louis Mo Date signed 8/28

WHILE I REMAIN IN THESE OFFICIAL CAPACITIES I MAKE A FORMAL 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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.