

NOV 13 1939
Registration District No. 1008

Primary Registration District No. _____

Registrar's No. 8463

1. PLACE OF DEATH:

(a) County 1
(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 Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 9/7/39
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4212 W Maffitt
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME

Nancy Williams 459

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race C

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

6. (b) Name of husband or wife unk

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

7. Birth date of deceased March 4, 1862
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

77

6

6

hr.

min.

9. Birthplace

(City, town, or county)

Texas

(State or foreign country)

10. Usual occupation

nil

11. Industry or business

MOTHER FATHER

12. Name unknown

13. Birthplace

(City, town, or county)

unknown

(State or foreign country)

14. Maiden name

unknown

15. Birthplace

(City, town, or county)

unknown

(State or foreign country)

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

(b) Address 2601 N Whittier

17. (a) _____ (b) Date thereof 9-18-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutledge

19. (a) OCT 3 1939 (b) _____
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1939 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 9/7/39
_____, 19____, to 9/10/39, 19____;
that I last saw her alive on 9/10/39, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis with hypertension Duration abt 15 yrs

Due to _____

Due to _____

Other conditions _____
(Includes 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)
(e) Means of injury _____

23. Signature H. J. Lyman (M. D. or other) 1

Address 2601 N Whittier Date signed 9/18/39

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.