DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4289

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1119

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 G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 21 (If outside city or town limits, write "RURAL")

(d) Street No. 2028 Division (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME 45 Evelyn Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct 25 1935 (Month) (Day) (Year)

8. AGE: Years 4 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business 1

MOTHER FATHER

12. Name Duvid Williams

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

MOTHER

14. Maiden name Mary Hillman

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

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

(b) Address 2028 Division St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Washington PK

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Lucas Ave

19. (a) FEB 3 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1940 hour 8:55 minute P M.

21. I hereby certify that I attended the deceased from January 28, 1940, to January 30, 1940; that I last saw her alive on January 30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease	3wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. E. Pease (M. D. or other)

Address 2601 N Whittier Date signed 1/31/40

(Licensed Embalmer's Statement on Reverse Side)

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

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.