

MAY 15 1940

3849

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 weeks
(Specify whether)
 In this community _____
years, months or days

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. 3034a & Cass ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME ARNETT Williams 452

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

4. Sex M 5. Color Black 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 23 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>6</u>	<u>3</u>	hr. _____ min.

9. Birthplace Mississippi 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
 12. Name Robert William
 13. Birthplace unknown 1
(City, town, or county) (State or foreign country)
 14. Maiden name Albida Hardy
 15. Birthplace Vicksburg Miss 1
(City, town, or county) (State or foreign country)

16. (a) Informant Albida Williams

(b) Address 3034a Cass ave

17. (a) Burial (b) Date thereof April 30 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Dement & son

(b) Address 262 & 31 Wash st.

19. (a) APR 29 1940 (b) J. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26
 year 1940 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from 3/17, 1940 to 4/26, 1940
 that I last saw him alive on 4/26, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage
Pulmonary lbc

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 73

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 Ralston Mitchell (M. D. or other) MD

Address 1536 Papum St Date signed 4/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by L. Boyer

Registered Apprentice No. implf

working under my personal supervision.

Signed Lomuel Boyer is

Licensed Embalmer No. 2946

P.O. Address St. Louis, Mo.

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.