

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4224**

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

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:
4544 Lexington 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)

8. (a) PRINT FULL NAME Pleasant Williams 152
3. (b) If veteran, name war..... No.
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mary Ann 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feb. 22 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 18 hr. min.

9. Birthplace Doe Run Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Daniel Williams

13. Birthplace St. Francis Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jones

15. Birthplace St. Francis Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nell Bonk

(b) Address 4544 Lexington Ave.

17. (a) Removal (b) Date thereof 5-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAY 11 1940 (b) [Signature]
(Date received local registrar) (Date received Missouri registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limit, write "RURAL")
(d) Street No. 4544 Lexington Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 1940
year 1940 hour 2.30AM minute..... M.

21. I hereby certify that I attended the deceased from Jan. 13. 1940
..... 19..... to May 10. 1940
that I last saw him alive on May 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration 2 yrs

Due to Arteriosclerosis

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Fred H. King (M. D. or other) 1
Address 2249 St. Louis ave Date signed 5/10. 40

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

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.