

JUN 15 1940
Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs
In this community 45 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ira Williams
3. (b) If veteran, name war no
3. (c) Social Security No. NO

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 13, 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 5
If less than one day hr. _____ min. _____

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs G. S. Smith

(b) Address 2200 Russel Blvd

17. (a) Burial (b) Date thereof 5/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) MAY 20 1940 (b) J. B. Bruch
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal
(If rural, give location)
(e) ~~Was ever born or long in U.S.A.?~~ _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17
year 1940 hour 2 minute 20 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
Coronary Hypertrophy
Myocardial Infarction
Chronic Coronary Disease
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 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 place)
(e) Means of injury 5
23. Signature J. B. Bruch (M. D. or other)
Address 4016 Chippewa Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address 3747 Vannice

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.