

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5050

JUL 17 1940

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.

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: None 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution En Route to City Hospital #1 (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 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4014 S. Grand Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Claude A Williams 452
(b) If veteran, name war No
(c) Social Security No. 488-03-5782

20. DATE OF DEATH: Month 5th, day June, year 1940 hour 11:30 minute A. 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.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annabelle Williams
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased October 5 1905
(Month) (Day) (Year)

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? _____

8. AGE: Years Months Days If less than one day
34 8 1 hr. _____ min.

Immediate cause of death Asphyxiation due to Drowning
Found dead in the Mississippi at the Foot of Sidney St on June 5th, 1940 at about 11:30 A.M.
Due to Whether accidental or Suicidal could not be determined

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Laborer

11. Industry or business Building Construction
12. Name John Williams
13. Birthplace Tennessee
14. Maiden name Elizabeth Waller
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mrs Annabelle Williams
(b) Address 4014 S. Grand Blvd

17. (a) Burial (b) Date thereof June 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) JUN 10 1940 (b) _____
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury 3
28. Signature Philip Perry (M. D. or other)
Address City of St. Louis Date signed 6/10/40

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.....

Not Embalmed

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.