

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

Rev. 5-17-39  
1 X1951

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23463

State File No.

5908

FILED AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis MO  
(b) City or town St. Louis MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: HOMER PHILLIPS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town St. Louis MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3547 Windsor Pl  
(If rural, give location)  
(e) If foreign born; how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ARTHUR L. WILLIAMS  
(b) If veteran, name war NO (c) Social Security No. NO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 11  
year 1940 hour 4:45 minute 1 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 COL 6. (a) Single, widowed, married, divorced WIDOWED

Immediate cause of death \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 25 1896  
(Month) (Day) (Year)

Duration \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years 44 Months 5 Day 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation WALTER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JAMES WILLIAMS  
13. Birthplace BRIDGETOWN St. Louis Co  
(City, town, or county) (State or foreign country)

{ 14. Maiden name MARRY WOLFORD  
15. Birthplace BRIDGETOWN St. Louis Co  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Williams  
(b) Address 4036 Aldine

17. (a) BURIAL (b) Date thereof 7-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director PEOPLES BURIAL LEAGUE  
(b) Address 3100 FRANKLIN AVE

19. (a) JUL 14 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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)  
(b) Means of injury \_\_\_\_\_  
23. Signature Walter Williams (M. D. or other) \_\_\_\_\_  
Address Windsor Pl Date signed 7/12/40

**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 *Robert St. Paul*  
Licensed Embalmer No. *3402*  
P. O. Address *3100 Franklin*

**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.**