

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.

Registration District No. **791** Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County St. Louis Mo.  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution: Homer G. Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community All his life. (Specify whether \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME George Williams **452**  
 3. (b) If veteran, name war no 3. (c) Social Security No. No. Card

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Anna Williams 6. (c) Age of husband or wife if alive 30 years  
 7. Birth date of deceased June 3, 1891.  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
49 I 14 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Yardman

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

**MOTHER FATHER**  
 { 12. Name Robert Williams  
 { 13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)  
 { 14. Maiden name Caroline ?  
 { 15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ruth Williams  
 (b) Address 3410 Rugter

17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof July 20, 1940  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Wright's Funeral Home  
 (b) Address 3100 Easton Ave.

19. (a) JUL 20 1940 (Data received local registrar) (b) J. F. Bredek (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis **18**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3410 Rugter St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 7 day 17  
 year 1940 hour 155 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.  
 Immediate cause of death \_\_\_\_\_

Due to Central Apoplexy  
 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) \_\_\_\_\_ Means of injury \_\_\_\_\_  
 23. Signature Joseph M. [Signature] (M. D. or other)  
 Address Deputy [Signature] Date signed \_\_\_\_\_

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 me

Chas. Gamis

Registered Apprentice No. 2349

working under my personal supervision.

Signed Chas Gamis

Licensed Embalmer No. 2349

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.