

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27257**  
Registrar's No. **7153**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH: **2927 Garrison Ave. N.W.**  
(a) County **ST LOUIS**  
(b) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **2927 GARRISON AVE. N.W.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2** (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **EMMA WILLIAMS**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Wid**  
6. (b) Name of husband or wife **UNKNOWN** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Aug. 26 1876**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **11** Days **20** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name **John Griffin**  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Gibson**  
(b) Address **2927 Garrison Ct.**

17. (a) **Burial** (b) Date thereof **Aug 18 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Little Rock Ark.**

18. (a) Signature of funeral director **E. T. ...**  
(b) Address **2827 Washington St.**

19. (a) **AUG 24 1940** (b) **J. D. ...**  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO.** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS** 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2927 Garrison Ct.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

20. DATE OF DEATH: Month **8** day **16**  
year **1940** hour **7:40** minute **8** M.

21. I hereby certify that I attended the deceased from **8/16 1940** to **8/16 1940**  
that I last saw him alive on **8/16 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart stroke (Heart prostration)**  
Due to: \_\_\_\_\_

Due to: \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **X**  
Of autopsy **no**  
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) **X**  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? **X** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

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

23. Signature **W. D. ...** (M. D. or other)  
Address **2918 S. ...**

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

3517  
3517

**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 Melvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 2829 Washington

**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.**