

No. 2
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-7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **30151**
Registrar's No. **7428**

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4017 Evans Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 50 years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Terry Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702-05-9404

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mae Williams 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 8, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Cook

11. Industry or business Dining Car Company

12. Name Terry Williams, Sr.

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

14. Maiden name Ella Lucas

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

16. (a) Informant Mae Williams

(b) Address 4017 Evans Avenue

17. (a) Burial (b) Date thereof 9/4/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. C. Gales

(b) Address 4107 Finney Avenue

19. (a) SEP 4 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis, 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4017 Evans Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th
year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 10,
1940 to August 29, 19 40
that I last saw him alive on August 29, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death exhaustion Duration 2 days

Due to Myocarditis chronic 8 months

Due to _____

Other conditions 930
(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) (e) Means of injury _____

23. Signature W. Christian (M. D. or other) _____
Address 11 North Jefferson Date signed 8/31/40

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

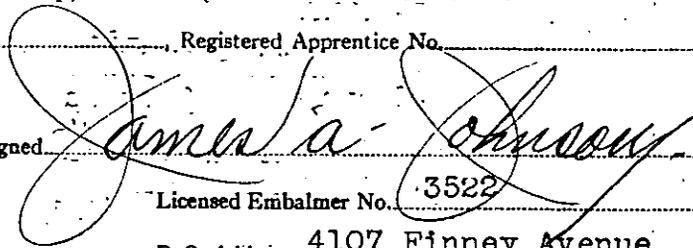
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

working under my personal supervision.

....., Registered Apprentice No.

Signed



..... Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.