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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 2 1940

State File No. 30234

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 7511

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: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2603 Thomas
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wilson Williams

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 1, ~~1876~~ 1875
(Month) (Day) (Year)

8. AGE: Years 64 | Months 9 | Days 2 | If less than one day hr. min.

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

10. Usual occupation nil

11. Industry or business ~~Silas Williams~~

FATHER
12. Name Silas Williams
13. Birthplace Unknown (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Sophia Watson
15. Birthplace Marge (City, town, or county) Miss (State or foreign country)

16. (a) Informant Estelle Robertson
(b) Address 2608 Thomas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7 1940 (Month) (Day) (Year)
(c) Place burial or cremation Washington, PK

18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Lucas Ave

19. (a) SEP 6 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1940 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from August 17, 1940, to September 3, 1940;
that I last saw h. alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	10-12mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature [signature] (M. D. or other)
Address 2601 N Whittier Date signed 9/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Fine

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.