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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

State File No. 30679

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7956

OCT 25 1940

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute Homer Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 25

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

(d) Street No. 1232A No 16 St (If rural, give location)

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

3. (a) PRINT FULL NAME Edell 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 Married

6. (b) Name of husband or wife James Williams

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Abt 45 | Months | Days | If less than one day hr. min.

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

10. Usual occupation House Work 9

11. Industry or business 9

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

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant James William

(b) Address 1232A No 16 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Metropolitan Fun Home

(b) Address 3028 Dickson St

19. (a) SEP 24 1940 (Date received local registrar) (b) J F Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 18 year 1940 hour 3:00 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 Chronic Pulmonary

Due to Tuberculosis

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Joseph McQueen (M. D. or other)

Address Deputy Coroner Date signed

(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 Raymond E. Gehrke, Registered Apprentice No. ——— working under my personal supervision.

City license 241

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

P. O. Address St Louis, Mo

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.