No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 1 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 34131

Registrar's No. 8828

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 9 days (Specify whether years, months or days)
In this community 51 years Williams

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")
0
(d) Street No. 2626 Lawton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alberta Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

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

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

7. Birth date of deceased OFeby. (Month) 26 (Day) 1910 (Year)

8. AGE: Years 30 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Sylvester Farmer
13. Birthplace Sanatobia (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Lillie Grear
15. Birthplace Sanatobia (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Lillie Grear
(b) Address 3122 Lawton Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10 26 40 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis, Tenn.

18. (a) Signature of funeral director Russell Und. Co.
(b) Address 2732 Pine Street

19. (a) OCT 26 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 year 1940 hour 4:20 minute P.M.

21. I hereby certify that I attended the deceased from October 15, 1940 to October 24, 1940; that I last saw her alive on October 24, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Appendiceal Abscess	17 das
Due to:	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. E. Fuller (M. D. or other)
Address 2601 N Whittier Date signed 10/26/40

(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 Joel Russell

Licensed Embalmer No. 4112

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.