

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37419

State File No.

9692

Registration District No. 791 1

Primary Registration District No. 1003

Registrar's No.

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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community unknown
years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 1216 N. Taylor Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd.
year 1940 hour 9:00 minute _____ p. M.

21. I hereby certify that I attended the deceased from November 20th, 1940 to November 22, 1940
that I last saw him alive on November 22nd, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions Supporting Mastoiditis
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____

Of autopsy TM

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 J. P. Taylor (M. D. or other) _____

Address 3136 Chouteau Ave. Date signed 11-25-

8. (a) PRINT FULL NAME Leslie Williams

8. (b) If veteran, name war _____
3. (c) Social Security No. 489-10-6464

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 December 3, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 11 19 hr. _____ min.

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

10. Usual occupation Crane Operator

11. Industry or business Scullin Steel Company

12. Name Unavailable - Williams

13. Birthplace Unavailable - Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Addie Daniels

15. Birthplace Unavailable - Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant J. P. Taylor

(b) Address 1216 N. Taylor Ave.

17. (a) Burial (b) Date thereof 11/28/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director J. P. Taylor

(b) NOV 26 1940 4107 Finney Ave.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's Signature)

Duration

1

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

A. J. Frost Jr. and James A. Johnson, Registered Apprentice No. *265*
working under my personal supervision.

Signed *James A. Johnson*

Licensed Embalmer No. *5522*

P. O. Address *4107 Finney Ave.*

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.