

Registration District No. **284**

Primary Registration District No. **109**

Registrar's No. **2099**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7306 Elm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Minnie Williams

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife Samuel Williams 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan. 27, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Caldwell

13. Birthplace Alton, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Kelley

15. Birthplace Taylorville, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Samuel Williams

(b) Address 7306 Elm

17. (a) Cremation (b) Date thereof 11-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director JAY B. Smith

(b) NOV 7 1940 7456 Manchester

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L.
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7306 Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1940 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from June 1933
to Nov 6, 1940,
that I last saw her alive on Nov 6, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Hypertension
Due to Myocardial Hypertrophy

Duration

2 weeks
15 yrs
5 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 9301
Of autopsy no

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 [Signature] (M. D. or other) 1
Address 6347 Grand Date signed 11-7-40

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.....

H. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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, fact should be so stated above.