

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39784**

FILED DEC 7 1940
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. **784** Primary Registration District No. **111** Registrar's No. **2227**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Richmond Heights**
(c) Name of hospital or institution **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6-Months**
In this community **1** years, months or days (Specify whether)

3. (a) PRINT FULL NAME **Agnes L. Williams**
(b) If veteran, name war **None** (c) Social Security No. **None**

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.**
(b) Name of husband or wife **Harry F. Williams** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **July 20th., 1883** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 **4** **5** hr. min.

9. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business
MOTHER FATHER {
12. Name **James Lynch**
13. Birthplace **Ireland**
14. Maiden name **Mary Farrell** (State or foreign country)
15. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. John J. Williams**
(b) Address **6168 Waterman Ave.**

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

(c) Place: burial or cremation **Calvary**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3846 Lindell Blvd.**

19. (a) **NOV 27 1940** (b) **Arthur J. Donnelly**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6168 Waterman Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **25th.**, year **1940** hour **9** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **June 1940** to **November 25, 1940** that I last saw her alive on **November 25, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia
Cerebral Hemorrhage
Due to **Hypertension**
Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations
Of autopsy **Yes (At Mary's Hosp.)**

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 **W. H. Olmster** (M. D. or other)
Address **3720 Washington St. Louis** Date signed **11/26/40**

Duration
Physician
Underline the cause to which death should be charged statistically.

STATE HEALTH DEPT. 3/20 WASHINGTON

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 W H Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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

If this body is not embalmed, fact should be so stated above.