

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Yrs., 7 Mos., 22 Da.
16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.") 22
(d) Street No. 1210a Morrison Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Orville Williams

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

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

7. Birth date of deceased Aug 22, 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 3 22 hr. min.

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

10. Usual occupation Never Employed

11. Industry or business _____

MOTHER FATHER
12. Name James Williams
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nora Bennett
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Williams
(b) Address 1210a Morrison

17. (a) Burial (b) Date thereof 12/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director C. N. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) DEC 14 1940 (b) J. F. Bredebeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14, year 1940 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from April 22, 1932 to December 14, 1940; that I last saw him alive on December 14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Rheumatic Heart Disease

Due to _____

Due to _____
Other conditions: Atrophic Arteritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Wm. R. Clark (M. D. or nurse) 12/14/40
Address 1515 Lafayette Ave. Date signed _____

Duration
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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Paul A. Kerth

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.