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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 185 †

FEB 25 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 185

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: City Hospital No. 1 (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 177

(d) Street No. 4262 Shenandoah Ave. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EUGENE WILLIAMS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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 August (Month) 23 (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
16	4	15	hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Roy E. Williams
13. Birthplace Evansville (City, town, or county) / Indiana (State or foreign country)

MOTHER
14. Maiden name Goldie Staub
15. Birthplace Evansville (City, town, or county) / Indiana (State or foreign country)

16. (a) Informant Mrs. Roy Williams

(b) Address 4262 Shenandoah Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director J. H. Gebken Liv. + Und. Co.

(b) Address 2630 Gravois Ave. 944

19. (a) JAN 9 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1941 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Lemon Large Ruptured Spleen, Pelvic Retro, Peritoneal Rupture

Due to: Suffered when he rode this bicycle into the side of a truck driven by out Taffee Alfred Young at the intersection of Utah and Nebraska About

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1:40 PM Jan 7 1941

Of autopsy

Duration

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) Accident

(b) Date of occurrence Jan 7 1941

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury bicycle

23. Signature Thomas F. Callanan (M.D. or other)

Address Deputy Coroner Date signed 1/9/41

(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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St. St. Louis, Missouri

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

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