

BUREAU OF THE CENSUS
FILED FEB 25 1941
91

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Geroy Williams

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race Colored
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 21st 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 7 hrs. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Geroy Williams
13. Birthplace Baton Rouge Arkansas
(City, town, or county) (State or foreign country)
14. Maiden name Edna Walker
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Williams (mother)
(b) Address 4226 Wed Page St. Louis Mo
17. (a) burial (b) Date thereof 1-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hamilton
(b) Address City Health Dept
19. (a) JAN 29 1941 (b) J. H. Bredek
(Date of issue) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1117
(If outside city or town limits, write "RURAL")
(d) Street No. 4226 West Page 9
(If rural, give location) 00
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st
year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6:15 AM
Jan 21st 1941, to 1:15 P. Jan 21, 1941;
that I last saw him alive on Jan 21st, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
W. teleostosis
Due to _____
Due to 157 151
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Wide open foramen ovale & ductus arteriosus, atherosclerosis both

22. If death was due to external causes, fill in the following: lung 3.
(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 E. S. Davis (M. D. or other) M.D.
Address 1536 Page St. Date signed 1-22-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.