

No. 2
-13-40
17-39
X23159

MAR 25 1947 91
Registration District No. _____

Primary Registration District No. _____

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH: **St. Louis.**
 (a) County **St. Louis, Mo.**
 (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: **City Infirmary. 2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **May 5, 1938.**
 (Specify whether **4yrs.**)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **Thomas Z. Williams.**

3. (b) If veteran, name war **Cannot say.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife **Bessie Williams** 6. (c) Age of husband or wife if alive **Deceased**
 7. Birth date of deceased **April 25, 1880**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
60	2	12	12	hr. min.

9. Birthplace **Illinois / American**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk.**

11. Industry or business **X**

12. Name **Benjiman Williams**

13. Birthplace **Unknown 9 Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Vanlaningham**

15. Birthplace **Unknown 4 Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. Molony**

(b) Address **5800 Arsenal St.**

17. (a) **Burial** (b) Date thereof **2/15/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave**

19. (a) **FEB 14 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **St. Louis.**
 (c) City or town **St. Louis, 17 13**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **5800 Arsenal St. 9**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? **0 American.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **February** day **13,**
year **1941,** hour **9:40** minute _____ a.m.

21. I hereby certify that I attended the deceased from **May 5, 1938**
to **February 13, 1941**
that I last saw him alive on **February 13, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

Due to _____

Due to _____

Other conditions **Bilateral pulmonary tuberculosis**
 (Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy **Cerebral hemorrhage Pulmonary tuberculosis**

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) _____
(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 **0**

23. Signature **R. E. [Signature]** (M. D. or other) _____
Address **5800 Arsenal** Date signed **2/13/41**

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

William G. Buchholz

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo*

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.