

No. 2
4-13-40
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9078**

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **2488**

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
(Specify whether _____)

In this community **23 years**
years, months or days

3. (a) PRINT FULL NAME **Frank Williams**

3. (b) If veteran, name war _____

3. (c) Social Security No. **497-05-4007**

4. Sex **Male** race **Negro**

5. Color or _____

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mattie Williams**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **9 25 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	5	21	hr. _____ min.

9. Birthplace **Natchez Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business **East St. Louis Ill**

12. Name **unknown**

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

14. Maiden name **Isabella Jones**

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

16. (a) Informant **Mattie Williams**

(b) Address **2226 Biddle St**

17. (a) **Burial** (b) Date thereof **3-19-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Mary Wade**

(b) Address **4202 Franklin Ave**

19. (a) **MAR 19 1941** (b) **J. W. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **00021**

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

(d) Street No. **2226 Biddle**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14** year **1941** hour **1:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **March 4,** 19**41,** to **March 14,** 19**41,** that I last saw him alive on **March 14,** 19**41,** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** Duration **4 yrs.**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? **444** (Specify type of place) _____
(e) Means of injury _____

23. Signature **Clarence [Signature]** (b) or other) _____

Address **2601 N. Whittier St.** Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

3-15-41

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

0
7
9

28

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.....

William C. McDowell

Registered Apprentice No.....

working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No..... *2114*

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, fact should be so stated above.