

0.2  
13-40  
7-39  
X29159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8122**  
Registrar's No. **2532**

Registration District No. **7911**

Primary Registration District No. **1003**

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

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 **1 mo 13 das**  
(Specify whether years, months or days)

In this community **40 years**

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

3. (b) If veteran, name war **No**

3. (c) Social Security No. ....

4. Sex **MALES**

5. Color or race **Col**

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

6. (b) Name of husband or wife **Lillie**

6. (c) Age of husband or wife if alive **10-1895**

7. Birth date of deceased **3 10-1895**  
(Month) (Day) (Year)

8. AGE: Years **46** Months **0** Days **7** If less than one day  
hr. min.

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

10. Usual occupation **LABORER**

11. Industry or business.....

MOTHER FATHER

12. Name **UNKNOWN**

13. Birthplace **11 9 11**  
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace **11 9 11**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hazel Butler**  
(b) Address **3038a Market St**

17. (a) **BURIAL** (b) Date thereof **3-21-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Bernice Love**  
(b) Address **3103 Washington**

19. (a) **MAR 20 1941** (b) **J. W. Budek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **18**

(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL") **000**

(d) Street No. **3009 Hickory**  
(If rural, give location) **17**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17**  
year **1941** hour **11:50** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 5**, 19**41**, to **March 17**, 19**41**.  
that I last saw him alive on **March 17**, 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach c Metastasis Senility**

Duration **Indef**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) **H6**

Major findings: Of operations.....

Of autopsy.....

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.....

23. Signature **C. A. McDowell** (M. D. or other)

Address **2601 N Whittier** Date signed **3/19/41**

**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.....

*M. Elwin Blackburn*

Licensed Embalmer No.....

*3962*

P. O. Address.....

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

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