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4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13156  
State File No. 13156  
Registral's No. 3586

FILED MAY 13 1941

Registration District No. 791

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  
(c) Name of hospital or institution: BARNES HOSPITAL  
(d) Length of stay: In hospital or institution 7 days  
In this community.....  
years, months or days

3. (a) PRINT FULL NAME Annie Williams  
3. (b) If veteran, name war ---  
3. (c) Social Security No. ---

4. Sex Female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Frank Williams  
6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased October 24th 1894

8. AGE: Years Months Days If less than one day  
46 5 27 hr. min.

9. Birthplace Rinzle Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Morris Ezy  
13. Birthplace Corinth Mississippi  
14. Maiden name Amelia Allen  
15. Birthplace Corinth Mississippi

16. (a) Informant Natie Bledsoe  
(b) Address 3001a Cass Ave.

17. (a) BURIAL (b) Date thereof 4-26-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. Latis  
(b) Address 4107 Finney Ave.

19. (a) APR 26 1941 (b) J. T. Bledsoe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(d) Street No. 3001 Cass Avenue 211  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 21  
year 1941 hour 9 minute 45 AM.

21. I hereby certify that I attended the deceased from April 14 1941 to April 21 1941; that I last saw her alive on April 21 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Post-operative shock  
Duration

Due to operation  
Due to Septicemia

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

Major findings: Non malignant  
Of operations: Fibromyoma uterus  
Of autopsy: not allowed  
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?.....  
(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 J. T. Bledsoe (M. D. GOODEN)  
Address BARNES HOSPITAL Date signed 4-21-41

**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.....

James. A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

**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.**