

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **3887**

Registration District No. **791** Primary Registration District No. **1003**

**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 H. Phillips**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 mos 23 das**  
(Specify whether Life) \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** **Carrie Williams**  
**3. (b) If veteran, name war** **None**  
**3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** **FEMALE** **5. Color or race** **NEGRO**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Nathaniel Williams**  
**6. (c) Age of husband or wife if alive** **22** years  
**7. Birth date of deceased** **8 10 1920**  
(Month) (Day) (Year)

**8. AGE:** Years **20** Months **9** Days **22** If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

**10. Usual occupation** **MA Employee**

**11. Industry or business** \_\_\_\_\_

**12. Name** **Jesse Olink**

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

**14. Maiden name** **Eugenia Berry**

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

**16. (a) Informant** **Anna H. Gray**

**(b) Address** **5134 S 29th St**

**17. (a) Burial** **(b) Date thereof** **5 9 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

**18. (e) Signature of funeral director** **J. W. Bruce**

**(b) Address** **1003 N Harrison St**

**19. (a) MAY 8 1941** **(b) [Signature]**  
(Date of local registry) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **000**  
(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL") **1122**  
(d) Street No. **2224 Spruce**  
(If rural, give location) **6**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **May** day **2**  
year **1941** hour **6:47** minute \_\_\_\_\_ A. M.

**21. I hereby certify that I attended the deceased from** **February 9, 1941 to May 2, 1941;**  
that I last saw her alive on **May 2, 1941;**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Intestines } Tuberculosis } 2-3 mos**  
**Spleen }**

Due to **Lungs were not involved.**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **15 5**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **As above**

**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 **(1)**  
**23. Signature** **Edell W. Lutash** (M. D. or other)  
**2601 N Whittier** Date signed **5.2.41**

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

MOTHER FATHER

**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.**