FILED JUN 6 1941

S. No. 2
1—1-4-41
v. 5-17-39
P I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18983

Registration District No. 784 Primary Registration District No. 900 Registrar's No. 1120

7600

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

1. PLACE OF DEATH

(a) County: St Louis

(b) City or town: Koch (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 94 days (Specify whether years, months or days)

In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Louis 100

(c) City or town: St Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No.: 4249 West St. Ferdinand (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME: VERLEAN WILLIAMS

3. (b) If veteran, name war: —

3. (c) Social Security No.: none

4. Sex: F 3

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: 10 (Month) 2 (Day) 1923 (Year)

8. AGE: Years 17 Months 7 Days 21 If less than one day — hr. — min.

9. Birthplace: Bertonia (City, town, or county) / Mississippi (State or foreign country)

10. Usual occupation: Schoolgirl

11. Industry or business:

FATHER 12. Name: Albert Williams

FATHER 13. Birthplace: — (City, town, or county) / Mississippi (State or foreign country)

MOTHER 14. Maiden name: Ethel Dinkens

MOTHER 15. Birthplace: / Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant: Alberta Williams

(b) Address: 1348 N. Whitten

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-28-41 (Month) (Day) (Year)

(c) Place: burial or cremation: St Peters Cemetery

18. (a) Signature of funeral director: F. A. Green

(b) Address: 2946 Franklin Avenue

19. (a) MAY 27 1941 (Date received local registrar) (b) W. R. Meyer MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1941 hour 6 minute 0 P.M.

21. I hereby certify that I attended the deceased from 2-18, 1941, to 5-23, 1941; that I last saw her alive on 5-23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	6 mo.
Due to:	
Due to: 13 d.	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: pul. tuberculosis

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: E. O. Damron (M. D. or other)

Address: Koch, Mo Date signed 5/26/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2963

P. O. Address. 291 S Franklin a

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.