

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:
Lutheran Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 mos.
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Elizabeth Helen Williams

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Horatio N. Williams 6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased Aug. 21st, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 5 _____ hr. _____ min.

9. Birthplace Boston, Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Adam Casper Hegerich

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

14. Maiden name Margaretta Welker

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

16. (a) Informant al Schaefer

(b) Address 3911 Palm

17. (a) Burial (b) Date thereof 6-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Prout Hud Co.

(b) JUN 29 1941 110 N. Grand Blvd.

19. (a) _____ (b) J. P. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3907 Palm St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th.
year 1941 hour 11.10 minute _____ P. M

21. I hereby certify that I attended the deceased from May 14, 1941
to June 26, 1941
that I last saw her alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Styptococcus

Due to _____

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

Major findings: Of operations _____

Of autopsy 425

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 job)
Means of injury _____

23. Signature W. B. Labov (M. D. or other) _____
Address _____ Date signed _____

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

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17
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FILED JUL 21 1941
791

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101

MOTHER FATHER

Duration
Physician
Underline the cause to which death should be charged statistically.

