

No. 2  
1-4-41  
-17-39  
X28390

791  
District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Mo.  
(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 31 days  
In this community 2 yrs. (Specify whether years, months or days) 0

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. 2618 Pine St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME Willie Williams

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male <sup>2 1/2</sup> Color or race Col  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Irene Williams  
6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased abt. 1905  
(Month) (Day) (Year)

8. AGE: Years abt. 36 Months Days If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business

MOTHER FATHER { 12. Name Henry Williams  
13. Birthplace Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Williams

(b) Address 2229 Market St.

17. (a) BURIAL (b) Date thereof July 19 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director M. E. Powell

(b) Address 1716 N. 7th St.

19. (a) Jul 10 1941 (b) John H. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1941 hour 12:30 minute. A. M.

21. I hereby certify that I attended the deceased from June 3 1941 to July 4 1941  
that I last saw him alive on July 4 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 1 yr.

Due to  
Due to  
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 3  
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?

(Specify type of place) While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other) D  
Address 2601 N. Whittier Date signed 7/8/41

**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.....

*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.**