

FILLED NOV 24 1941

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **23 Days**
(Specify whether
In this community **36yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Charles Williams**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **August 10, 1888**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	2	4	hr. min.

9. Birthplace **New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Unknown**

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(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 **Ann Morrison**
(b) Address **St. Louis City Hospital #1.**

17. (a) **Cremation** (b) Date thereof **10 30 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Crematory**

18. (a) Signature of funeral director **F. W. St. White**

(b) Address **City Hospital, No. 1.**

19. (a) **CT 29 1941** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County **000**
(c) City or town **St. Louis** **1722**
(If outside city or town limits, write "RURAL")
(d) Street No. **1012 South Fourth St.** **9**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **14**,
year **1941** hour **2:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **September 22**, 19**41**, to **October 14**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis**
Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **1941**

Major findings: Of operations _____
Of autopsy **Chr. nephritis**
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 **D**
23. Signature **L. V. Mulligan** (M. D. or other) **10/14/41**
Address **1515 Lafayette Avenue** Date signed _____

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

M. J. ...
12/21/60

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.