No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36627

State File No. 8856

DEC 22 1947 791

Registration District No.

Primary Registration District No. 1003

Registrar's 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 Phillips Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 2 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis, 1921
(If outside city or town limits, write "RURAL")

(d) Street No. 1924 R. Cole
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hattie Williams

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Williams

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April (Month) 15 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	7	19	hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Eve Thompson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Walter Williams
(b) Address 1924 a Rear Cole

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin ave

19. (a) NOV 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3, 1941
year hour 9 minutes 45 P. M.

21. I hereby certify that I attended the deceased from Oct. 1, 1941 19 to November 3, 1941 19;
that I last saw her alive on November 3, 1941 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Breast	2 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

50

Major findings:
Of operations
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 Wells E A Ford (M. D. or other)
Address 2601 Whittier Date signed 11-4-41

(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 [illegible]

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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

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