

S. No. 2
 (-1-4-41
 . 5-17-39
 PI X26390

DEC 22 1941 791
 Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (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 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days
 In this community 37 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis, (If outside city or town limits, write "RURAL") 19
 (d) Street No. 4667 Evans (If rural, give location) 6/11
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Thomas Williams
 3. (b) If veteran, name war —
 3. (c) Social Security No. —

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 13, 1941
 year 1 hour 45 minute P. M.
 21. I hereby certify that I attended the deceased from Nov. 6, 1941
19 to November 13, 1941
 that I last saw him alive on November 13, 1941
 and that death occurred on the date and hour stated above.

4. Sex Male 2
 5. Color or race Colored
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife ATTIE WILLIAMS
 6. (c) Age of husband or wife if alive 19 years 1876
 7. Birth date of deceased. (Month) (Day) (Year)
August 19 1876

Immediate cause of death Bronchopneumonia
 Duration Unk.

8. AGE: Years Months Days If less than one day
65 2 25 hr. min.

Due to

9. Birthplace St. Louis, Missouri 0
 (City, town, or county) (State or foreign country)

Due to

10. Usual occupation Nil.

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

MOTHER FATHER { 12. Name Brancy Williams
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

Of autopsy
 Underline the cause to which death should be charged statistically.

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

16. (a) Informant Frank Williams
 (b) Address 4667 Evans

22. If death was due to external causes, fill in the following:

17. (a) (b) Date thereof 11 19 41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington PK

(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?

18. (a) Signature of funeral director A. F. Walker
 (b) Address 2707 Standard St
 19. (a) NOV 19 1941 (b) J. J. Busch
 (Date received local report) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury 0
 23. Signature D. W. Johnson (M. D. or other)
 Address 2621 S. Whittier Date signed 11-18-41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Arthur L. Hilliard

Licensed Embalmer No.

4221

P. O. Address

2649 Delmar

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.