

2
4-41
7-39
X28390

State File No. _____

DEC 22 1941 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9342

1. PLACE OF DEATH:

(a) County "None"
Saint Louis

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Saint Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4251 West Belle Place
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Masie Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Adelbert

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January 17th, 1907
(Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 5

If less than one day _____ hr. _____ min.

9. Birthplace Holly Springs Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Morgan

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

14. Maiden name Anna Brooks

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

16. (a) Informant Richard Morgan

(b) Address 5738 Enright Avenue

17. (a) Burial (b) Date thereof 11-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gales

(b) Address 4107-09 Finney Avenue

19. (a) NOV 25 1941 (Date received local registration)
J. F. Medical (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd
year 1941 hour 6 : minute 45 a. m.

21. I hereby certify that I attended the deceased from _____, 19____ to November 22nd, 1941
that I last saw her alive on November, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertroidism Duration 2 mont.

Due to Unknown

Due to None

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

Major findings: Enlarged Throid

Of operations _____

Of autopsy Not done

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Lewis Estamples (M. D. or other) _____

Address 2340a Market St. Date signed 11-25-41

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

STATEMENT BY LICENSED EMBALMER

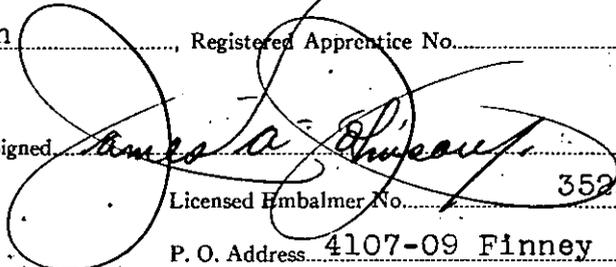
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James Arthur Johnson.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No.....

3522

P. O. Address 4107-09 Finney Ave.

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.