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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Whitener

State File No. 3714

Registration District No. 780 Primary Registration District No. 200 Registrar's No. 264

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9221 - Midland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96 13
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 9221 - Midland Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JESSIE WILLIAMS

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jul. (Month) 4 (Day) 1864 (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	6	30	hr. ..... min.

9. Birthplace Mattoon (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Household
11. Industry or business
FATHER
12. Name David Sutton Williams
13. Birthplace Casey (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Anne E. Quick
15. Birthplace Marshall (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Lucia Gunn
(b) Address 9221 - Midland Overland, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-42 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall, Ill.
18. (a) Signature of funeral director Baumann Bros Inc.
(b) Address 2504 - Woodson Overland Mo
19. (a) FEB 4 1942 (Date received local registrar) (b) C. G. McGuire M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1942 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from ..... 1937 to Feb 3 1942
that I last saw her alive on Feb 3 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	4 yr
Due to Cardio-renal syndrome	4 yr.
Due to	
Other conditions (Hypertension) (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) none
(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 Paul R. Whitener (M. D. or other) M.D.
Address 8923 Midland, Overland Mo Date signed 2-4-1942

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland, Mo.

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.