

FILED MAR 10 1942

Registration District No. 101

Primary Registration District No. 101

Registrar's No. 509

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis County Hospital
(d) Length of stay: In hospital or institution 3 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Robertson
(d) Street No. Woodland Ave.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Emma Williams

3. (b) If veteran, name war

unknown

3. (c) Social Security No.

unknown

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced widow

7. Birth date of deceased Feb. 5 1866

8. AGE: Years 76 Months 0 Days 25 If less than one day

9. Birthplace Roan Georgia

10. Usual occupation nil.

11. Industry or business

12. Name Harry Brian
13. Birthplace unknown unknown
14. Maiden name Hannah Unknown
15. Birthplace Unknown Unknown

16. (a) Informant Sarah Williams

(b) Address 2919 Bell Ave.

17. (a) Burial (b) Date thereof 3-6-42

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Leo J. Sneed

(b) Address 2812 Thomas St.

19. (a) MAR - 5 1942 (b) E. H. McFarland

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2 year 1942 hour 7 minutes 05 a.m.

21. I hereby certify that I attended the deceased from 2-27-42 to 3-2-42

that I last saw her alive on 3-2-42 and that death occurred on the date and hour stated above.

Immediate cause of death

Compression alectoin

Due to Hydrothorax

Due to Hypertensive Cerebral dis. decompensation

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

(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 B. Barton

(M. D. or other)

Address Co. Date signed

Duration

3 days

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., 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 with the above constitutes grounds for revocation of license.)

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

N. B.—Every item of information should be carefully checked for accuracy. Write the CAUSE OF DEATH in plain terms, so that it may be understood by all.

10. Usual occupation Domestic,
(City, town, or county) (State or foreign country)

11. Industry or business House work,

FATHER { 12. Name Dont know

13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Dont know

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

16. (a) Informant's own signature Sarah Williams

(b) Address 2919 Bell Ave

17. (a) Burial (b) Date thereof Mar 6th, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Lee J. Sued

(b) Address 3312 Thomas St

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

(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.....

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

Signed *A. Houston*

Licensed Embalmer No. *22611*

P. O. Address *2912 Thomas St.*

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, above space should be left blank.