S. No. 2
—1-4-41
. 5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1942 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13188

Registrar's No. 4127

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: H.G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 48 hrs. (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4545 Kennerly Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Madeline Williams

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female 2

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased December 27th. 1901
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
40	4	10	hr. min.

9. Birthplace Greenfield (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Greenfield

FATHER
12. Name Grant Kirk
13. Birthplace Carollton (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Florence Luper
15. Birthplace Greenfield (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Leslie Williams
(b) Address 4545a Kennerly Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) MAY 11 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th.
year 1942 hour 6:00 minute a. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage due to laceration of neck and both wrists and slab wound of abdomen. Carcinoma of pancreas, gall bladder and liver self inflicted at her home May 5 1942 about 7 30 Am

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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) Suicide
(b) Date of occurrence May 5 1942
(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? Home (Specify type of place)
While at work? no (e) Means of injury Knife

23. Signature Alfred J. Perry (M. D. or other)
Address 1000 Clark Ave. Date signed 5/8/42

(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 James A. Johnson, Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.