

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20121**  
Registrar's No. **5283**

**JUN 29 1942**  
Registration District No. **791**

Primary Registration District No. **1002**

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

**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:  
**Enroute to Homer G. Phillips Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **31 years**  
years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County.....  
(c) City or town..... **717 N. Whittier St.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **St. Louis, Mo.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

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

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **June** day **17th**  
year **1942** hour **1:30** minute **0** M.  
**21. I hereby certify that I attended the deceased from**....., 19....., to....., 19.....  
that I last saw him..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced.....  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....  
7. Birth date of deceased **Unknown abt 1895**  
(Month) (Day) (Year)

Immediate cause of death.....  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....

**8. AGE:** Years **abt. 47** Months Days If less than one day hr. min.  
9. Birthplace **Beaumont Texas**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Chauffeur**

PHYSICIAN.....  
Underline the cause to which death should be charged statistically.  
Major findings:  
Of operations.....  
Of autopsy.....

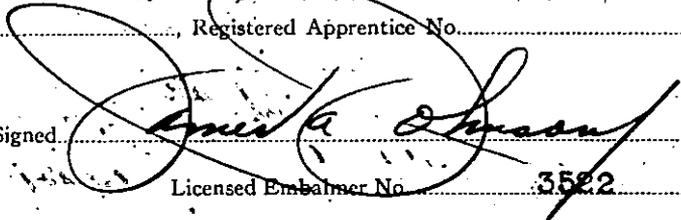
**11. Industry or business**  
**12. Name**.....  
**13. Birthplace**.....  
**14. Maiden name**.....  
**15. Birthplace**.....  
**16. (a) Informant**.....  
**(b) Address**.....  
**17. (a) Burial**..... (b) Date thereof.....  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation**.....  
**18. (a) Signature of funeral director**.....  
**(b) Address**.....  
**19. (a) JUN 19 1942**.....  
(Date received local registration) (Registrar's signature)

**22. If death was due to external causes, all 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**..... (M. D. or other)  
Address **1300 Clark Ave.** Date signed **6/19/42**

**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.....

  
.....  
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.**