S. No. 2
—11-10-39
. 5-17-39
I X21492

00
17
9

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23247

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6010

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: En route City Hospital #2 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DEASCED: 000

(a) State (b) County 17 9 21

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

(d) Street No. 1817a Franklin (rear)
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lillie Williams

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col. 3

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 15 (Day) 1890 (Year)

8. AGE: Years 51 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Fort worth (City, town, or county) Miss / (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name James Baker
13. Birthplace Unknow (City, town, or county) Miss. / (State or foreign country)

MOTHER
14. Maiden name Unknow
15. Birthplace Unknow (City, town, or county) 9 (State or foreign country)

16. (a) Informant Fannie Claybon
(b) Address 2029 A Carr St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole St.

19. (a) JUL 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th year 1942 hour 7:45 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 — Duration

Cerebral Apoplexy:

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)
(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) (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 7/13/42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar

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.