. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26298

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 7122

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: 4137a Shaw Blvd.
(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 DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4137a Shaw Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Genevieve McCord 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 M.
6. (b) Name of husband or wife John C. Williams
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Jan. 8th. 1886 (Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Oscar McCord
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Lucy Couvion
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mr. John C. Williams
(b) Address 4137a Shaw Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) AUG 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24th. year 1942 hour 3 minute a. M.
21. I hereby certify that I attended the deceased from May 19 42 to 8/24 19 42
that I last saw her alive on 8/20/42 19
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Paul Bernstorff (M. D. or other)
Address 3919 W. Florissant Date signed 8/24/42

844

(Licensed Embalmer's Statement on Reverse Side)

Dr. Paul H. Bernstorff
3919 W. Florissant Ave.

10 am

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.