S. No. 2
—1-4-41
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PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29296

Primary Registration District No. 1003

Registrar's No. 8099

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: 3501 Alberta St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3501 Alberta St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

700
1617
9
0

3. (a) PRINT FULL NAME Georgiana Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married. Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 18 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	5	13	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housewife
MOTHER FATHER
12. Name Chris Schaefer
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lilly Meisbach
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Lilly Williams
(b) Address 3501 Alberta St.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct 1st/42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Shoquita & Son
(b) Address 2906 Gravois Ave.
19. (a) SEP 30 1942 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1942 hour 9 00 P.M. M.
21. I hereby certify that I attended the deceased from 9/21/42, 19, to 9/28/42, 19; that I last saw h. alive on 9/28/49, 19; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Due to Arteriosclerosis
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Andrew J. Klein, M.D. (M. D. or other) M.D.
Address 4632 So Grand Date signed 9/29/42

(Licensed Embalmer's Statement on Reverse Side)

Dr K. Lin
4632 8th Ave
I=C

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Geavis

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.