

FILED NOV 6 1948
Registration District No. 1003

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County...
(b) City or town... St. Louis
(c) Name of hospital or institution: 2927 Franklin Ave
(d) Length of stay: In hospital or institution...
In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... mo (b) County...
(c) City or town... St. Louis
(d) Street No. 2927 Franklin Ave
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country...

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 negro 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife... 6. (c) Age of husband or wife if alive... years

7. Birth date of deceased June 10 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 4 Days 13 If less than one day hr. min.

9. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name Solomon Bicie
13. Birthplace New Orleans La.
14. Maiden name Alma Coyle
15. Birthplace Ark La.

16. (a) Informant Jucunda Hunter
(b) Address 2927 Franklin Ave

17. (a) Burial (b) Date thereof Oct 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director English Ind. Co.

(b) Address 2931 Fulcrum Ave

19. (a) OCT 20 1948 (b) J. P. Budeck
(Date received local authority) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 23 year 1942 hour 4 minute 35 M.

21. I hereby certify that I attended the deceased from 10-10-1942 to 10-22-1942
that I last saw her alive on 10-22-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 12 days

Due to apoplexy

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 0

23. Signature R. E. Young (M. D. or other) 0
Address 2746 Franklin Ave Date signed 10-24-48

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

100
17
9

000
219

0

12 days

7

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Buelson English

Licensed Embalmer No.

4288

P. O. Address

2931 Lucas, 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.