

S. No. 2
M-542
5-17-39

8925

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 25 1943 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 2408

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

1. PLACE OF DEATH:

(a) County... St. Louis, Mo.

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

(c) Name of hospital or institution: Peoples Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 2 weeks.
(Specify whether in this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County... S. KIRKOCK

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

(d) Street No... M^{rs} HERRK ST. S. KIRKOCK
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country... 1

3. (a) PRINT FULL NAME... MARY F. WILLIAMS

3. (b) If veteran, name war... No

3. (c) Social Security No... No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... 3 day... 10
year... 1943 hour... minute... 10 M.

21. I hereby certify that I attended the deceased from 2 - 24 1943 7/10 1943
that I last saw h... alive on... 1943
and that death occurred on the date and hour stated above.

4. Sex... FEMALE

5. Color or race... Negro

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

6. (b) Name of husband or wife... HARRY WILLIAMS - Husband

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

7. Birth date of deceased... Feb 28 1893
(Month) (Day) (Year)

Immediate cause of death... Carcinoma of liver

Duration

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>0</u>	<u>12</u>	hr. min.

Due to... metastases 2 mos

9. Birthplace... Aberdeen - Miss
(City, town, or county) (State or foreign country)

Due to...

10. Usual occupation... House wife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business... NO

Major findings: Of operations...

12. Name... (MOTHER FATHER)

13. Birthplace... (City, town, or county) (State or foreign country)

Of autopsy... NO

14. Maiden name... ANNIE FERRO

15. Birthplace... COLUMBUS - MISS
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant... Selders

(a) Accident, suicide, or homicide (specify) 5

17. (a) Burial (b) Date thereof... 8-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(c) Place: burial or cremation... ABERDEEN MISS

(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...

18. (a) Signature of funeral director... Boyd Bros.

(b) Address... 3704 FINNEY

23. Signature... (M. D. or other)

Address... Date signed...

19. (a) MAR 13 1943 (b) J. F. Medical
(Date received) (Registrar's signature)

Address... Date signed... J. J. Thomas

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.....

Louis V. Atkinson

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Finney

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.