S. No. 2
DM—2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12984

State File No.

FILED APR 28 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3741

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

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: 1020 ATCHINSON, Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 38 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17 95

(c) City or town ST LOUIS. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1020 ATCHINSON, Pl.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George Williams.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race C

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased 12 (Month) - 7 (Day) - 1898 (Year)

8. AGE: Years 44 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Dysburg (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George Williams.
13. Birthplace STANTON (City, town, or county) TENN (State or foreign country)

MOTHER
14. Maiden name Julia A. Collier
15. Birthplace STANTON (City, town, or county) TENN (State or foreign country)

16. (a) Informant Carrie Bell Williams
(b) Address 1020 Atchison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bernice Love
(b) Address 3103 Washington

19. (a) APR 22 1943 (Date received local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18
year 1943 hour 6 minute 30A M.

21. I hereby certify that I attended the deceased from Mar 4th, 1943 to Apr 18, 1943
that I last saw him alive on Apr 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Insufficiency	7
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	7

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 [signature] (M. D. or other)
Address [signature] Date signed

(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. 8489

P. O. Address 14575 Aldine

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.