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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.....

FILED MAY 12 1943

Registration District No..... Primary Registration District No. 1003 Registrar's No. 4069

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
3044a Franklin Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30yrs (Specify whether years, months or days)

In this community 30yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3044a Franklin Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME John H. Williams

3. (b) If veteran, name war..... 3. (c) Social Security No. 494-09-291

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Wid.

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

7. Birth date of deceased. March 4 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62	1	22hr.min.
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9. Birthplace Perry County Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business.....

MOTHER FATHER

12. Name Yancy Williams

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

14. Maiden name Lucilia King

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

16. (a) Informant Maggie W. Ramsey

(b) Address 3610 W. 8th St., Tuscaloosa,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Peoples Ind. Co.
3100 Franklin Ave

19. (a) MAY - 1943 (Date received local registration) J. P. Bredock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1943 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from 4 - 26, 1943, to 4 - 26, 1943 that I last saw him alive on 4 - 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Diath. Stenosis Arterioscler.

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?.....

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature J. H. Williams (M. D. or other)

Address 3200 Franklin Ave Date signed 4-30-43

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

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.....

John G. Pettus

Licensed Embalmer No.....

4184

P. O. Address.....

St. Louis, Mo.

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.