

FILED MAY 26 1943 18

Registration District No. _____
Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community Unk. Missouri (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 1515 So. Third St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME M. Lula Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. 4-97-26-1146

4. Sex F 5. Color or race 3 Col. 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 12 25 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business Restaurant

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Anna White

(b) Address 1744 NORTH 15 ST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 1 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cem.

18. (a) Signature of funeral director A. J. Butler

(b) Address 1619 S. 3rd St.

19. (a) AAV (Date received local rating) (b) J. P. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26, year 1943 hour 4 minute 00 P. M.

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

Immediate cause of death: Arterial Hypertension
Cerebral Hemorrhage

Duration Unknown
1 week

Due to _____
Due to _____
Other conditions (Includes 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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A. Moore (M. D. or other) _____
Address 201 N. Webster Date signed 5/1/43

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

MOTHER FATHER

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 Charles L. Howell
Licensed Embalmer No. 2452
P. O. Address 2834 Gamble

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.