S. No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16762

FILED MAY 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4413

1. PLACE OF DEATH:

(a) County

(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 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 42
(If outside city or town limits, write "RURAL")

(d) Street No. 2646 Papin St. D
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Will Williams

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex male

5. Color or race Col

6. (a) Single, widowed, married, divorced 7

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 1st (Day) 1869 (Year)

8. AGE: Years 74 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Columbus (City, town, or county) miss (State or foreign country) 1

10. Usual occupation Cook

11. Industry or business Liggett & Myers Tobacco Co

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Anderson William
(b) Address 2722 Division

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Fun Home
(b) Address 2820 Stoddard St

19. (a) MAY 11 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9, year 1943 hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from May 3, 1943, to May 9, 1943 that I last saw him alive on May 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension; Chr. Nephritis [illegible]	Unknown
Coronary Thrombosis;	6 weeks
Due to	
Due to	
Other conditions (Include 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. E. [illegible] O (M. D. ~~or other~~)

Address 2601 N. Whittier Date signed 5/10/43

(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~~ L. Boylin

....., Registered Apprentice No. ..... ,

working under my personal supervision.

Signed Lonnie Boylin

Licensed Embalmer No. 2949

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.