

FILED

JUL 8 1943

318

1003

Registrar's No. 5899 ✓

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)
In this community 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1731 Sublett
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harriet Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Charles Henry Williams 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 14, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business Cain Porter

12. Name _____ 13. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Cathroll

15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier St. 21-43
Washington
(c) Place: burial or cremation Washington

17. (a) Signature of funeral director W. P. ...
(b) Address 3601 ...

18. (a) Signature of registrar J. F. ...
(b) Address _____
19. (a) JUN 28 1943 (Date received local registration) (b) J. F. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18, year 1943 hour 6 minute 08 A. M.

21. I hereby certify that I attended the deceased from June 15, 1943 to June 18, 1943.
that I last saw her alive on June 18, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unk.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature S. E. Smith (M. D. or other) _____
Address 3601 Whittier Date signed 6/19/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.