. No. 2
—5-42
FILED JUL 3 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20167

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 5830

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

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Info (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) About 6 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair
(c) City or town E. St. Louis NR (If outside city or town limits, write "RURAL")
(d) Street No. 39 J. John Rob. Courte (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Willie Williams

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

4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Lee Ella Williams
6. (c) Age of husband or wife if alive Abt 55 years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Abt 47 Months no Days no If less than one day hr. min.

9. Birthplace Unk. (City, town, or county) Art. 1 (State or foreign country)
10. Usual occupation Labor
11. Industry or business Nat. Stk. Yards.

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

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

16. (a) Informant Thomas Williams
(b) Address 2823 Delaman
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill
18. (a) Signature of funeral director C. J. Nash
(b) Address 3847 Page
19. (a) JUN 25 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1943 hour 2 minute 10 P. M.
21. I hereby certify that I attended the deceased from 6-20-43, 19.., to 6-24, 1943; that I last saw him alive on 6-24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 6 days
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 H H Veathers (M. D. or other) WO
Address 1500 E. Broadway E. St. Louis, Ill. Date signed 6/25/43

(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 3847 Page Paul, Registered Apprentice No. ....., working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.