

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County ST LOUIS MO
(b) City or town.....
(c) Name of hospital or institution:
Hamer Phillips Hos, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 mi. (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME Charlie Williams

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

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased JUNE 15-1909
(Month) (Day) (Year)

8. AGE: Years 34 Months 0 Days 29 If less than one day..... hr. min.

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

10. Usual occupation.....

11. Industry or business Labour

12. Name Andy Williams

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

14. Maiden name Mary Willis

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

16. (a) Informant Rachel Watson

(b) Address 2945 Dinkson St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) JUL 17 1943 (Date received local registrar) J. J. Brueck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St Louis 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2945 PICKSON ST
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14
year 1943 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage
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) Means of injury.....

23. Signature W. J. Brueck (M. D. or other).....
Address St. Louis Date signed 7/14/43

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. Bayliss

....., Registered Apprentice No. MI
working under my personal supervision.

Signed Lomnie Bayliss

Licensed Embalmer No. 2946

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.