

FILED JUL 31 1943 17

Registration District No. _____

Primary Registration District No. 3064

Registrar's No. 1685

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 601 Carson Rd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Williams

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

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

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

7. Birth date of deceased July 24, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>11</u>	<u>28</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business Metal Foundry

MOTHER FATHER { 12. Name Paul Negwer

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

{ 14. Maiden name Anna Schuler

{ 15. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Negwer

(b) Address 601 Carson Rd. Ferguson,

17. (a) Burial (b) Date thereof 7/24/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Jack, Mo.

18. (a) Signature of funeral director L. M. White

(b) Address Ferguson, Missouri

19. (a) JUL 24 1943 (b) E. G. McQuinn
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943. hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 3-25-1943 to 7-21-1943
that I last saw him alive on 7-21-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Cervix Duration 8 mo

Due to _____

Due to _____

Other conditions 462
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Cervix
Of operations Colostomy was done
Of autopsy none

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)
(b) Means of injury _____

23. Signature E. G. McQuinn (M. D. or other)

Address Ferguson, Mo. Date signed 7/23/43

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

2662

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 *L. M. White*.....

Licensed Embalmer No. *3973*.....

P. O. Address *Jerguson, 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.