

S. No. 2
OM-2-43
5-17-37
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27190
State File No. _____
Registrar's No. **7330**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
D AUG 23 1943 **318**
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY SANITARIUM 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32yrs 7mo 15das
In this community 52years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5300 Arsenal (If rural, give location) 139
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EUGENE WILLIAMS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 10
year 1943 hour 7:15 minute A. M.

4. Sex male 5. Color or race negro 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 March ? 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-1-1936, 19 to Aug., 10, 19 43
that I last saw h. im alive on Aug., 10, 19 43
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 5 Days ? If less than one day _____ hr. _____ min.

Immediate cause of death: Pyelonephrosis
Peri-urethral Abscess
Duration 1 mo X
1 mo X

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 139
Major findings: Of operations _____
Of autopsy YES

10. Usual occupation none
11. Industry or business _____
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Thelma A. Singler
(b) Address 5300 Arsenal St
17. (a) Burial (b) Date thereof 8-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Joseph H. Harrison
(b) Address 2906 Dayton Ave
19. (a) Aug 7 1943
(Date of local registration) (Registrar's signature)

23. Signature Anthony K. Kusel (M. D. or other)
Address 5300 Arsenal Date signed 8/12/43

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.....

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

working under my personal supervision.

Signed.....

James A. Lammers

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.