S. No. 2
M—9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. F 30544

FILED OCT 13 1943 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 8591

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

1. PLACE OF DEATH:
(a) County .....
(b) City or town SX ~~Marys~~ Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SX Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days 0 (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St Clair
(c) City or town East St Louis 999
(If outside city or town limits, write "RURAL")
(d) Street No. 1523 Baker NR 1 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Alvin Jerome Williams
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 9 (Month) - 8 (Day) - 1943 (Year)

8. AGE: Years | Months | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace SX Louis Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER
12. Name Trevis Jerome Williams
13. Birthplace Mississippi 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jackie Williams
15. Birthplace Claridon Arkansas 1 (City, town, or county) (State or foreign country)
16. (a) Informant Jackie Williams Mother
(b) Address 1523 Baker ESX Louis Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof SEP 30 1943 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director H. Merschman
(b) Address City Health Dept
19. (a) SEP 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 21 day ..... year 1943 hour 8:10 PM minute ..... M.
21. I hereby certify that I attended the deceased from 9-8-43 ....., 19....., to 9-21-43, 19.....;
that I last saw him alive on 9-21-43, 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diarrhea. Syphilis.	
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 W. R. Williams (M. D. or other) M.D.
Address 1536 Papin Date signed 9-22-43

(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.....

....., 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.