

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

FILED SEP 21 1943 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Park Lane Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 Hours**  
(Specify whether years, months or days) **0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4927 Washington Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Infant Williams**

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

4. Sex **Male** 0 5. Color or race **White** 0 6. (a) Single, widowed, married, divorced **Infant**

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

7. Birth date of deceased **Sept 13 1943**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **7 hr. 8 min.**

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

10. Usual occupation **Infant**

MOTHER FATHER

12. Name **Everett Williams**  
13. Birthplace **Washington County Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Maie San Souci**  
15. Birthplace **De Soto Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Everett Williams**  
(b) Address **4927 Washington Blvd.**  
17. (a) **Burial** (b) Date thereof **9-15-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**  
18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**

19. (a) **SEP 15 1943** (b) **H. Grebeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **13** year **1943** hour **3** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **Sept 13 1943** to **Sept 13 1943** that I last saw him alive on **Sept 13 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Spontaneous**

Due to **Too much sleep**  
Due to **St. Louis**  
**(67200) Proment**

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?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature **J. K. [unclear]** (M. D. or other)  
Address **4503 [unclear]** Date signed **9/14/43**

No Embalment

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.**