

FILED DEC 29 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer G. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 mos. 8 days**  
In this community **18 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1918 Gole**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

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

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

4. Sex **FEMALE** 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 **DECEMBER 14 1905**  
(Month) (Day) (Year)

8. AGE: Years Months Days **37 38 11 13** If less than one day hr. min.

9. Birthplace **MARIANNA ARKANSAS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **DOMESTIC**

11. Industry or business.....

MOTHER FATHER

12. Name **JOHN WILLIAMS**

13. Birthplace **BUF. OVACOUNTY TENN.**  
(City, town, or county) (State or foreign country)

14. Maiden name **ALICE TOMB**

15. Birthplace **TUSLA OKLAHOMA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Laura Davis**

(b) Address **2812 Franklin**

17. (a) **BURIAL** (b) Date thereof **12/18/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shipping to Marianna, Ark**

18. (a) Signature of funeral director **A. A. Surges**

(b) Address **1601 3rd St.**

19. (a) **DEC 19 1943** (b) **J. F. Tucker**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13,**  
year **1943** hour **4** minute **05 P.** M.

21. I hereby certify that I attended the deceased from **October 5,** 19**43**, to **December 13,** 19**43**;  
that I last saw her alive on **December 13,** 19**43**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Thyrototoxicosis**

Duration **Unk.**

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 **J. F. Tucker** (M. D. authority)  
Address **2601 Webster** Date signed **12/16/43**

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

**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 *Amelia A. Thurson*

Licensed Embalmer No. *3522*

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.**