o. 2
5-43
7-39
X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1149

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 826

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(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 (Specify whether years, months or days)
In this community

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. 2326 Biddle
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edmonia Dorothy 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 (Month) 4 (Day) 1924 (Year)

8. AGE: Years 19 Months 1 Days 17 If less than one day hr. min
9. Birthplace Sparta (City, town, or county) Illinois (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Toy Williams
13. Birthplace Hollis Springs (City, town, or county) Miss. (State or foreign country)
14. Maiden name Maggie Smith
15. Birthplace ? (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Toy Williams
(b) Address 2326 Biddle
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director English Und. Co.
(b) Address 3131 Lucas Ave.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1944 hour 6 minute 46 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Fracture of skull, Subdural Hemorrhage, Brain whipplash
Due to a fall from a third story window
Due to a residence which was on fire
Due to Fall to the sidewalk along
Due to 2204 Franklin Ave about
4:30 P.M. Jan. 21, 1944.
Duration
Other conditions (Include pregnancy within 3 months of death) Damage to bldg $200.00 Contents $100.00
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) Accident
(b) Date of occurrence Jan 21 1944
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fall
23. Signature Thomas F. Callan (M. D. or other)
Address Deputy Coroner Date signed 1-27-44

JAN 27 1944 J. F. Burdick

(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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, Ave

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.