

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **972**

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:
City Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3yrs, 6mo, 20days**
(Specify whether)
 In this community _____
years, months or days

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

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

4. Sex **Male** 5. Color or Race **Colored** 6. (a) Single, widowed, married, divorced **Unknown**

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

7. Birth date of deceased **March 22 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 9 hr. min.

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

10. Usual occupation **Unknown**

11. Industry or business **??**

12. Name **X**

13. Birthplace **X**
(City, town, or county) (State or foreign country)

14. Maiden name **X**

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

16. (a) Informant **Tommie Green**

(b) Address **5800 Arsenal**

17. (a) **Antonia Bond** (b) Date thereof **1-2-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis, Mo.**

18. (a) Signature of funeral director **Whitner**

(b) Address **3500 Potomac**

19. (a) **JAN 31 1944** (b) **J. J. Bell**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5800 Arsenal**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country **American**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **31**
 year **1943** hour **12:30** minute _____ A. M.

21. I hereby certify that I attended the deceased from **March 15**
 19 **43** to **Dec 31** 19 **43**
 that I last saw him alive on **Dec 30** 19 **43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Atherosclerosis
 Due to _____
 Due to _____
 Other conditions _____
(Includes pregnancy within 3 months of death)

Duration **several years**
many years

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? _____ (c) Means of injury **D**

23. Signature **A. L. Harris** (M. D. or other) **M. D.**
 Address **5800 Arsenal St.** Date signed **12/31/43**

MOTHER FATHER

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.