

S. No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5078

FILED MAR 6 1944 18

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 2008

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ernest, John Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. 328-03-6940

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Williams

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 1, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 9 26 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Geissler Roofing Co.

MOTHER FATHER

12. Name ? Williams

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

14. Maiden name Katherine Buettner

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Williams

(b) Address 4142 Maryland

17. (a) Burial (b) Date thereof 3/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) FEB 29 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4142 Maryland
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27
year 1944 hour 9 minute 5 P.M.

21. I hereby certify that I attended the deceased from Feb 2
1944 to Feb 27 1944
that I last saw him alive on Feb 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Neuratic insufficiency

Due to Biliary obstruction

Due to Impacted gall stone in angulohepatic common duct

Other conditions (Include pregnancy within 3 months of death) Cholelithiasis

PHYSICIAN

Major findings: Cholelithiasis & impacted gall stone in common duct

Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature M. C. Abney (M. D. or other) _____
Address BARNES HOSPITAL Date signed 2/27/44

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.....

Harvey Eymck

Licensed Embalmer No.....

1284

P. O. Address.....

St. Louis Mo

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.