

FILED MAR 27 1944  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
463 Eichelberger  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 55 years  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... City of St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 463 Eichelberger  
(If rural, give location)  
(e) Citizen of foreign country?..... no (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Cora Williams

3. (b) If veteran, name war..... none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife..... George E. Williams 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... November 8 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 4 10  
hr. min.

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

10. Usual occupation housework

11. Industry or business at home

12. Name James Mitchell

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Lauretta Luy

(b) Address 463 Eichelberger

17. (a) burial (b) Date thereof. 3-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So. Grand Blvd.

19. (a) MAR 20 1944 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th  
year 1944 hour 10:00 minute..... a.m.

21. I hereby certify that I attended the deceased from 12-18, 1943, to 3-18, 1944

that I last saw him alive on 3-16, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death..... arteriosclerosis Duration 7yrs.

Due to.....

Due to.....

Other conditions..... Chronic myocarditis 5yrs  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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. D. or other) Dr. J. F. Brudeck  
Address..... Christy Club Bldg. Date signed 3/20/44

Dr. D. C. Todd  
University Club Bldg  
Je 1531

1-3 P.M.

---

---

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.