S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 9607

Registrar's No. 2467

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County: St. Louis.

(b) City or town: Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1016 N. 14 St.
(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: Mo (b) County: 25

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

(d) Street No.: 1018 N. 14th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Lizzie Williams

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: F.

5. Color or race: Negro

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

6. (b) Name of husband or wife: Joe Williams

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years: About 55 | Months | Days | If less than one day: hr. min.

9. Birthplace: Nashville Tenn. (City, town, or county) / (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) / (State or foreign country)

16. (a) Informant: Joe Williams
(b) Address: 1016 N. 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Father Dickson Cemetery

18. (a) Signature of funeral director: A. L. Beal Und.
(b) Address: 2726 Lucas Ave.

19. (a) MAR 14 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 8th
year: 1944 hour: 11 minute: 00 P.M.

21. I hereby certify that I attended the deceased from July 4th, 1948, to March 8th, 1944, that I last saw h. alive on March 8th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis

Due to: Ch. Myocarditis

Due to: _____

Other conditions (Include pregnancy within 3 months of death): 0/3

Major findings:
Of operations: _____
Of autopsy: _____

Duration

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: [illegible] (M.D. or other)
Address: 823 N. 16th St. Date signed: 3/10/44

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1944

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219 a E 6 Garfield

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.