

FILED MAR 20 1944
318

Primary Registration District No. 1003

Registrar's No. 2374

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(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 4 days
(Specify whether years, months or days)

In this community 2 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Maria Williams

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

4. Sex F. 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 2 widowed

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

7. Birth date of deceased April 3 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Charles B. Williams

(b) Address 2720 Mills

17. (a) Birial (b) Date thereof 3-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director J. B. Neal

(b) Address 2726 Lucas Ave. Seal

19. (a) MAR 10 1944 (b) J. H. Fredesch
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 12 921

(a) State Missouri (b) County _____

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

(d) Street No. 2720 Mills
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7, year 1944 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from March 3, 1944, to March 7, 1944;

that I last saw her alive on March 7, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Cardio-vascular disease with decompensation
Duration Unk.

Due to _____

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

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 Alva Mason (M. D. or other) _____
Address 2601 N. Whittier Date signed 3/7/44

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219th E. 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.