

FILED MAY 9 1944

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3896**

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:
Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 mos. 6 days
 (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME George Williams
 3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased December 23, 1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 3 28 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Young Williams
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Florence Sanders
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier
 (Burial, Washington (City or town) (County) (State) (Date thereof) (Month) (Day) (Year))

(c) Place: burial or cremation

18. (a) Signature of funeral director J. F. Bredtke

(b) Address 3500 Pittsburg

19. (a) APR 27 1944 (Date received local registrar) (b) J. F. Bredtke (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1843 Biddle
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19,
 year 1944 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from November 13, 1944 to April 19, 1944;
 that I last saw him alive on April 19, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coccidioides immitis
(Coccidioides immitis) Duration 8 mos.

Due to

Due to H31

Other conditions (Include pregnancy within 3 months of death)

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

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 A. H. Brewer (M. D. or other)

Address 2601 N. Whittier Date signed

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

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.