

FILED JUN 30 1948

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Days
(Specify whether
In this community 0
years, months or days)

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. 2722 So. 7th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME CHARLES BROMEO WILLIAMS

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov. 26 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 21
If less than one day _____ hr. _____ min.

9. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Park Dept.

11. Industry or business _____

12. Name Frank Williams

13. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Jane Williby

15. Birthplace 0 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Williams

(b) Address 2722 S. 7th St.

17. (a) Burial (b) Date thereof June 21, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

(a) Signature of funeral director Wacker Helderle
(b) Address 3634 Gravois Ave.

19. (a) JUN 19 1948 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1944 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from MAY 31, 1944 to June 17, 1944;
that I last saw h. im alive on June 17, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Rectum
with metastases

Duration

6-8
months

Due to _____

Due to _____

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

Major findings:

Of operations none

Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. J. Verdy (M. D. or other) _____
Address St. Louis City Hospital Date signed 6/19/44

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

Robert C. Wheeler
2128

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 *Robert C. Wheeler*
Licensed Embalmer No. *2128*
P. O. Address *W. A. ...*

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.