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20425

State File No.

Registrar's No.

5679

FILED JUN 30 1948

1003

Registration District No. 8948

Primary Registration District No.

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community 28 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 2227 Pine St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20,
year 1944 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from May
30, 1944 to June 20, 1944;
that I last saw him alive on June 20, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus (autopsy)
Duration unk.

Due to

Due to

Other conditions (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 A. Mease (M. Director)
Address 3601 Whittier Date signed

3. (a) PRINT FULL NAME John Williams

3. (b) If veteran, name war
3. (c) Social Security No. 500-16-785

4. Sex male 5. Color or race cal
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife me
6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased not known
(Month) (Day) (Year)

8. AGE: Years 60 Months Days If less than one day
hr. min.

9. Birthplace not known
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

12. Name John J. Williams

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Beulahne Murphy

(b) Address 2341 E. Chestnut

17. (a) burial (b) Date thereof 6-24-44
(Method, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation father's plot

18. (a) Signature of funeral director W. Hughes

(b) Address 2420 Taylor
19. (a) JUN 23 1948 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

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

Clark Young

Licensed Embalmer No.

3371

P. O. Address

St. Louis

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.