

Registration District No. 318

Primary Registration District No. 1003

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 7 days
(Specify whether _____)
In this community 26 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. 2610 Stoddard St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rosanna Williams

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Williams 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 12 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Maryanna Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER {
12. Name John Smith
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Wancy Paskecell
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant John Williams

(b) Address 2610 Stoddard St

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

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 2820 Stoddard St

19. (a) JUN 23 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21,
year 1944 hour 2 minute 50 A. M.
June

21. I hereby certify that I attended the deceased from June 14, 19 44 to June 21, 19 44
that I last saw her alive on June 21, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced Pulmonary Tuberculosis Indef.

Due to _____
Due to _____

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 _____
(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) (c) Means of injury _____

23. Signature Alva Moore (M. D. or other) _____
Address 2820 Stoddard St Date signed 6/23/44

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 L. Boyer

....., Registered Apprentice No. 911
working under my personal supervision.

Signed Lomnie Boyer

Licensed Embalmer No. 2944

P. O. Address St. Louis Mo

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.