V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

Registration District No. 3/9

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25796

Primary Registration District No. 6076

Registrar's No. 1500

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans' Administration Facility, (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution Adm. July 3, 1944 (Specify whether

In this community - - years, months or days)

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") 17

(d) Street No. 2033 Walnut St. (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - 1

3. (a) PRINT FULL NAME WILLIAMS, Robert

3. (b) If veteran, name war W.W. #1

3. (c) Social Security No 486-14-0514

4. Sex Male 2

5. Color or race Colored 1

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~xxxxxx~~ wife Mrs. Ophelia Williams

6. (c) Age of ~~xxxxxx~~ wife if alive Unavail years

7. Birth date of deceased February (Month) 1, (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	5	9	hr. - - min.

9. Birthplace Benton, Louisiana. (City, town, or county) (State or foreign country) 1

10. Usual occupation Bartender.

11. Industry or business - - -

FATHER
12. Name Robert Williams
13. Birthplace Unknown (City, town, or county) Texas (State or foreign country) 1

MOTHER
14. Maiden name Emma Smith,
15. Birthplace Unknown (City, town, or county) Texas. (State or foreign country) 1

16. (a) Informant Alice Selvage Act.Cl.Clk.,

(b) Address Vets.Adm.Fac., Jeff.Brks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-14-44 (Month) (Day) (Year)

(c) Place: burial or cremation Shreveport La

18. (a) Signature of funeral director J H Randle Son

(b) Address 3133 Bell ave

19. (a) JUL 13 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1944 hour 9:30 PM. minute M.

21. I hereby certify that I attended the deceased from July 3, 1944, to July 10, 1944 that I last saw him alive on July 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death HYPERTENSIVE AND CORONARY HEART DISEASE, CARDIAC ENLARGEMENT, MYOCARDIAL DAMAGE, MYOCARDIAL ~~xxxx~~ INSUFFICIENCY AND ANGINAL SYNDROME. — Duration UNKNOWN

Due to - -

Other conditions HYPERTENSION, ARTERIAL: ARTERIOSCLEROSIS, GENERALIZED. (Include pregnancy within 3 months of death) — UNKNOWN

Major findings:
Of operations No Operation

Of autopsy No Autopsy.

93d

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) No

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L.M.COCHRAN, LT.COL. M.C. (M.D. or other)

Address CHIEF MEDICAL OFFICER, Jefferson Barracks, Mo. Date signed 7-11-44

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 19[illegible]

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Shouteau

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.