

FILED AUG 21 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6808

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Pac Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether 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. 4143 Shaw Blvd
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edward B. Williams

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased May 1st 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 2 hr. min.

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

10. Usual occupation Engineer Retired

11. Industry or business.....
12. Name Albert D. Williams
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Emma Bailey
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Horace Williams

(b) Address 4143 Shaw Blvd

17. (a) Burial (b) Date thereof 8/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Petz Bros

(b) Address 3029 Lafayette Ave

19. (a) AUG 4 1944 (Date received local registrar)
J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1944 hour 07:00 minute 0 A.M.

21. I hereby certify that I attended the deceased from 7-26 1944, to 8-3 1944
that I last saw him alive on 8-3-44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension
arterio sclerosis
Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations: NONE
Of autopsy: NONE

Duration

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 Ed Scott M.D. (M. D. or other)
Address 1755 S. Grand Date signed 8-3-44

844 (Licensed Embalmer's Statement on Reverse Side)

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

Frank J. Swann

Licensed Embalmer No.

2245

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.