

FILED NOV 1 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

32965

State File No. \_\_\_\_\_

Registrar's No. 9011

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:  
St. Louis Childrens Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 0

3. (a) PRINT FULL NAME George Ross Williams  
3. (b) If veteran, name war Child  
3. (c) Social Security No. 5113

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced -  
6. (b) Name of husband or wife Child  
6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased 1-5-32  
(Month) (Day) (Year)

8. AGE: Years 12 Months 9 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fayetteville Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

12. Name T.E. Williams  
13. Birthplace Ballinger Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Petty  
(City, town, or county) (State or foreign country)

15. Birthplace Mena Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant T.E. Williams  
(b) Address Fayetteville, Arkansas

17. (a) Removal (b) Date thereof 10/22/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayetteville, Arkansas

18. (a) Signature of funeral director Albert H. Hoppe Inc.  
(b) Address 4700 Washington Blvd.

19. (a) OCT 24 1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County \_\_\_\_\_  
(c) City or town Fayetteville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21  
year 1944 hour 10:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 10-18-44  
19\_\_\_\_ to 10-21-44 19\_\_\_\_;  
that I last saw him alive on 10-21-44 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Abscesses  
Duration 3 mos.

Due to Meningitis, Meningoencephalitis

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) (b) Means of injury 6

23. Signature [Signature] (M. D. or other)  
Address 500 E. Kingshighway Date signed 10/21/44

Ernest Sachs

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

179

9011 NR

MOTHER FATHER

9014

NOV 3 1944

9014

**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 Albert H. Happe  
Licensed Embalmer No. 1861

P. O. Address.....

**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.**