V. S. No. 2
100M—8-43
Rev. 5-17-39
I X37823

#34663

DEPARTMENT OF COMMERCE.
BUREAU OF THE CENSUS

FILED OCT 20 1944

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. L1003

State File No. 32967

Registrar's No. 8637

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 7720 Water Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lillian Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) — 1867 (Day) (Year)

8. AGE: Years 77 | Months 4 | Days — | If less than one day hr. min.

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

10. Usual occupation Housework at home

11. Industry or business

FATHER
12. Name Jesse Williams
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cynthia De Witt
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Bert Williams
(b) Address East St Louis, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 11 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St Trinity Luth. Cem

18. (a) Signature of funeral director Feyelle Und Co
(b) Address 7420 Michigan Avenue

19. (a) OCT 11 1944 (Date received local registrar) (b) J. F. Bridock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th
year 1944 hour 5:50 minute P. M.

21. I hereby certify that I attended the deceased from 10/7/44
19 to Oct. 8th 1944
that I last saw her alive on Oct. 8th 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dissecting aneurysm of aorta	?
Due to arteriosclerosis	?
Due to 92a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature M. D. Levy Jr. (M. D.)
Address 1515 Lafayette Date signed 10/9/44

(Licensed Embalmer's Statement on Reverse Side)

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 V E Morris

Licensed Embalmer No. 3360

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.