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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36552

Registrar's No. 10165

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 2 days (Specify whether years, months or days)
In this community ~~Unknown~~ 5 years

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. 1434½ Hadley (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie Willis
3. (b) If veteran, —
name war —
3. (c) Social Security No. 490-12-9245
4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased 3 (Month) 27 (Day) 1908 (Year)

8. AGE: Years	Months	Days	If less than one day
36	7	25	hr. — min.

9. Birthplace Silver City (City, town, or county) Miss (State or foreign country)
10. Usual occupation Domestic
11. Industry or business —
FATHER 12. Name Ed. Hunton
13. Birthplace (City, town, or county) Miss (State or foreign country)
MOTHER 14. Maiden name Not Know
15. Birthplace (City, town, or county) Miss (State or foreign country)
16. (a) Informant L. E. Scott
(b) Address Belzoni Miss.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 29 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Belzoni Miss.
18. (a) Signature of funeral director Edward Burke Howell
(b) Address 2834 Gamble
19. (a) NOV 29 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22, year 1944 hour 11 minute 55 P. M.
21. I hereby certify that I attended the deceased from November 20, 1944, to November 22, 1944; that I last saw her alive on November 22, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	Unk.
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:
(c) 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 Lena Mason (M. D. or other)
Address 2600 Whittier Date signed 11/28/44

(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 Chas. L. Howell

Licensed Embalmer No. 245

P. O. Address 2834 Gamble

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.