

S. No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38680

State File No. _____

FILED DEC 13 1944

Registration District No. 378

Primary Registration District No. 6051

Registrar's No. 155

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Rural - St. Charles Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Charles County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. St. Charles County Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ollie Williams

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

4. Sex Female 5. Color or race White 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 November 11, 1876
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Joseph Williams

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mr. Rommelman

(b) Address St. Charles County Home

17. (a) Burial (b) Date thereof Nov. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Halkmann - Beau

(b) Address 326 N. 6th St., St. Charles, MO

19. (a) Nov. 2, 1944 (b) Ernest L. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1944 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 3 - 4, 1944
Oct 31st, 1944 to Oct 31st, 1944

that I last saw her alive on Oct 1st, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Broken compensation

Due to Chr. Myocarditis

Other conditions Sen Arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 930

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) (c) Means of injury _____

23. Signature W. P. Erard, Schulz (M.D. or other)

Address St. Charles, Mo. Date signed 11/1/44

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

002

1500

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer: No. 9,

District File Number

Date Filed

12-12-44

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:

Arthur C. Rose

Licensed Embalmer No.

3155

P. O. Address

St Charles Mo

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.