

FILED JAN 15 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11092

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4537 DURANT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Louis
(c) City or town: Village Park
(If outside city or town limits, write "RURAL")
(d) Street No.: R.E.D. #1 Rural
(If rural, give location)
(e) Citizen of foreign country? _____
If yes, name country: _____

3. (a) PRINT FULL NAME: CORA T. WILLIAMS

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: FEMALE 5. Color or race: White 6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: George L. Williams 6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: 1 - 1878
(Month) (Day) (Year)

8. AGE: Years: 66 Months: 11 Days: 22 If less than one day: _____ hr. _____ min.

9. Birthplace: Jefferson County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: James Wease

13. Birthplace: Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Clara Ragues

15. Birthplace: Jefferson Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant: George L. Williams

(b) Address: R2D #1, Valley Park, Mo.

17. (a) Burial (b) Date thereof: 12-27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: HARKIN-WILLIAMS

18. (a) Signature of funeral director: Louis H. Bopp, Inc.

(b) Address: Kirkwood, Mo.

19. (a) 12/27/44 (b) J. J. Prebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd
year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 20th, 1944, to Dec. 23rd, 1944, that I last saw her alive on December 23, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia Duration: 4 days
Hypertension 2 year
Chronic Myocarditis 3 years

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: 108
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:
(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: Louis H. Bopp, Inc. M. D. XXXX
Address: 508 N. Grand Boulevard Date signed: 12/23/44

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

179

96
16
0

NR
1

11092

11092

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 Felix Duval

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.