S. No. 2
M—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39914

FILED JAN 5 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11043

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4265 Cleveland Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community 6 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 90 7

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 17

(d) Street No. 4265 Cleveland (If rural, give location)

(e) Citizen of foreign country? N (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pearlie Mae Williams

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fem 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Howard

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased May 28, 1909 (Month) (Day) (Year)

8. AGE: Years 35 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joe Williams

13. Birthplace (City or town) Missouri U (State or foreign country)

MOTHER 14. Maiden name Lucy Moore

15. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant Luther Light

(b) Address 4265 Cleveland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Avenue (3)

19. (a) DEC 26 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1944 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec Dec 17, 1944, to Dec 20th 1944 that I last saw h. ev. alive on 12/20/1944, 19..; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Shock Ruptured Ulcer Not proven Chr Nephr

Due to

Due to 93 a

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN: Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. E. Hurt (M. D. or other)

Address 2725 Franklin Date signed

(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 [signature]

Licensed Embalmer No. 1173

P. O. Address 5517 Saltedeave

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.