

State File No. _____

FILED FEB 16 1945

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 825

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(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 wks
(Specify whether _____)

In this community 44 yrs
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

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

(d) Street No. 332 North Rose
(If rural, give location)

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

3. (a) PRINT FULL NAME Sylvia Williams

(b) If veteran, name war no

(c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1945 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from
January 2, 1945 to January 24, 1945;
that I last saw her alive on January 24, 1945
and that death occurred on the date and hour stated above.

4. Sex F 5. Color of race Col

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

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

7. Birth date of deceased May 11th 1883
(Month) (Day) (Year)

Immediate cause of death
Coronary Heart Disease

Duration 2 mos.

Due to _____

Due to _____

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

8. AGE: 61 Years Months 8 Days 3
1883 May 11
If less than one day hr. _____ min. _____

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

10. Usual occupation house work

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Bill Fleming

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

14. Maiden name Wagner, Fleming

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

16. (a) Informant W. H. Bankhead

(b) Address 2726 S. Shafter

17. (a) Burial (b) Date thereof 1-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation washington park

18. (a) Signature of funeral director Lee J. Sneed

(b) Address 3615 East 9th Ave

19. (a) JAN 29 1945 (b) J. F. Bredenk
(Date received by registrar) (Registrar's signature)

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 William D. Simbler (M. D. or other) _____
Address 2601 N Whittier St Date signed 1-29-45

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

115

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.....

myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

[Handwritten Signature]

Licensed Embalmer No.

2266

P. O. Address.....

2912 Thomas St. Louis, 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.