V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8388

Registration District No. 1818 Primary Registration District No. 1003 Registrar's No. 2884

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

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2916 Pine St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community abt 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2916 Pine
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eddie Williams
3. (b) If veteran, name war
3. (c) Social Security No. 490-14-9893
4. Sex male
5. Color or race negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bobbie Williams
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years abt 59 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Porter
11. Industry or business
FATHER 12. Name Louis Williams
13. Birthplace (City, town, or county) Miss. (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Bobbie Williams
(b) Address 2916 Pine St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31.45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Atkins Bros. Und. Co.
(b) Address 3644 Finney Ave.
19. (a) MAR 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1945 hour 6 minute 30 a M.
21. I hereby certify that I attended the deceased from 2/15, 1945, to 3/26, 1945
that I last saw him alive on 3/26, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Mitral Insufficiency — Duration 30 days
Due to Bronchial Asthma (Possibly several Months)
Due to 92 b
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:
(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 C. P. Robinson (M. D. or other)
Address 2611 Olive St St Louis (3) Mo Date signed 3/26/45

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

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.