

FILED APR 13 1945 818

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2914

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 618
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Elmer Williams

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie Mae 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Mar 24 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 6 _____ hr. _____ min.

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

10. Usual occupation Funeral Director

11. Industry or business Williams Funeral Home.

MOTHER FATHER

12. Name Toms Williams

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

14. Maiden name Martha Hodge

15. Birthplace Moniteau County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant H. E. Williams

(b) Address California, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) MAR 31 1945 (Date received local registrar) (b) F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30th
year 1945 hour 4 minute 20 P/ M.

21. I hereby certify that I attended the deceased from 3/10-45, 19____, to 3-30-45, 19____;
that I last saw him alive on 3-30-45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 942

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature RK Anderson (M. D. or other)
Address 4932 Hwy Lane Date signed _____

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

117
19

NOV 15 1946

SEP 6 1946

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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *2460*.....

P. O. Address *6173 Pellmar*.....

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.