

S. No. 2
-3-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11972**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3065**

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:
3122 Brantner Pl. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3122 Brantner Pl.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irene Williams
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 4
year 1945 hour 11:45 minute _____ a.m.
21. I hereby certify that I attended the deceased from Mar 2
1945 to Apr 4 1945
that I last saw her alive on Apr 4 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced widow
(b) Name of husband or wife Wm Williams 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 10 (Month) 3 (Day) 1886 (Year)

Immediate cause of death Cerebral Hemorrhage
Duration Immediate
Due to 8 1/2 hr
Due to _____

8. AGE: Years 58 Months 6 Days 1 If less than one day _____ hr. _____ min.

Other conditions Artero-sclerosis - 4 yr
(Include pregnancy within 3 months of death)

9. Birthplace Bernard Miss
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

11. Industry or business _____
12. Name Arthur Dickerson
13. Birthplace Unknown Miss
(City, town, or county) (State or foreign country)
14. Maiden name Louise Boston
15. Birthplace Unknown Miss
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Frances Wells
(b) Address 3122 Brantner Pl.
17. (a) Burial (b) Date thereof 4-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
Ward Wade
18. (a) Signature of funeral director _____
(b) Address 4202 Finney Ave
APR 6 1945
19. (a) _____ (b) J. F. Breeden
(Date received local 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 [Signature] (M. D. or other) MD
Address 1408 N. Labadie Date signed 4-3-45

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

MOTHER FATHER

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.....

H. Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address..... *4575 Aldene*

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.