S. No. 2
DM—5-43
v. 5-17-39
n I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11955

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3390

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:
2354 Albion Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 823
(If outside city or town limits, write "RURAL")
(d) Street No. 2354 Albion Pl.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James M. Williams
3. (b) If veteran, name war Nil
3. (c) Social Security No. 489-10-9530
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Laura Williams
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased December (Month) 27 (Day) 1890 (Year)

8. AGE: Years 54 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Goodland (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Grinder
11. Industry or business
FATHER 12. Name E.F. Williams
FATHER 13. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)
MOTHER 14. Maiden name Martha Croster
MOTHER 15. Birthplace Unknown (City, town, or county) Tennessee 1 (State or foreign country)
16. (a) Informant Laura Williams
(b) Address 2354 Albion Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Desloge, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 18 1945 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1945 hour 2:30 minute A.M.
21. I hereby certify that I attended the deceased from April 9, 1945, 19..., to April 16, 1945, that I last saw him alive on April 16, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration
Due to Essential Hypertension
Due to Arteriosclerosis
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 0

23. Signature Dr. Harry Rich (M. D. or other)
Address 1829 East Ave Date signed 4-16-45

(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 Alfred N. Lappe

Licensed Embalmer No. 1861

P. O. Address.....

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.