

FILED MAY 3 1945

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mos. 13 days
(Specify whether
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Virginia Williams

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

4. Sex Female 5. Color or 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 Jan 26 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Meridian MISS
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name Lewis Bizzle

13. Birthplace Kemper Co. MISS
(City, town, or county) (State or foreign country)

14. Maiden name Saxon Davis

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

16. (a) Informant Jammie Stager

(b) Address 2806 Walnut St

17. (a) Burial (b) Date thereof 4-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Fun Home

(b) Address 2820 Stoddard St

19. (a) APR 25 1945 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4009 Cote Brillante (If rural, give location) 0 11
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21,
year 1945 hour 1 minute 05 AM.

21. I hereby certify that I attended the deceased from August
8, 1944 to April 21, 1945;

that I last saw her alive on April 21, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 48 hrs.

Other conditions Organic Brain disease Unk.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 H. J. Ewens (M. D. or other) _____
Address St. Louis Date signed 4/25/45

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 Tom Boy
....., Registered Apprentice No. 71
working under my personal supervision.

Signed Lennie Boykin
Licensed Embalmer No. 2946
P. O. Address 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.