

Registration District No.

318

Primary Registration District No.

1003

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

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:
1306 (rear) Montgomery Str
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 years (Specify whether
In this community 51 years
years, months or days)

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") 26
(d) Street No. 1306 (rear) Montgomery Str
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. LAURA K WILLIAMS..

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color, or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Robert A. William 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 4th, 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 4
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Robert A. William

(b) Address 1306 r Montgomery St.

17. (a) burial (b) Date thereof 6-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2225 St. Louis Ave.

19. (a) J. F. Bredek (b) J. F. Bredek
(Date received) (Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1945 hour 4 PM minute 15 M.

21. I hereby certify that I attended the deceased from May 16th 1945 to June 8th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency Duration

Due to Chronic Asthma

Due to Chronic Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131

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 J. F. Bredek (M.D. or other) 1
Address 2704 So. Broadway Date signed 6/14/45

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..... *John P. Beckhart*
Licensed Embalmer No..... *1674*
P. O. Address..... *2223 S. Louis Ave*

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.