V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32507

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8675

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

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 23 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4210 Cote Brilliante (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bessie Williams

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 22, (Day) 1916 (Year)

8. AGE: Years 29 Months 5 Days 11 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Roy J. Williams
13. Birthplace Aberdeen, (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Alice Conley
15. Birthplace Aberdeen, (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Alice Williams

(b) Address 4210 E. Cote Brilliante Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 8, 45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement Son

(b) Address 2629-31 Cole Street

19. (a) OCT 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3 year 1945 hour 3 minute 20 A M.

21. I hereby certify that I attended the deceased from Oct. 1, 1945, to Oct. 3, 1945, that I last saw her alive on Oct. 3, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetic Acidosis	Unk
Diabetes Mellitus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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

23. Signature L. E. Courtney (M. D. or other)

Address 2601 N. Whittier Date signed 10/4/45

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.