

FILED JAN 11 1946
Registration District No. 318

Primary Registration District No.

1003

Registrar's No.

11107

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Deaconess Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7
 (Specify whether
 In this community ?
 years, months or days)

3. (a) PRINT
FULL NAME

Ella Williams

3. (b) If veteran,
name war No3. (c) Social Security
No. None4. Sex Female 5. Color or
race White 6. (a) Single, widowed, married,
Divorced Widowed6. (b) Name of husband or wife George B. Williams
6. (c) Age of husband or wife if
alive years7. Birth date of deceased July 14th, 1866
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
79 5 3 hr. min.9. Birthplace Lancaster, Pennsylvania
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business

12. Name Frederick Werner13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Jane Mull15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ruby T. Scott(b) Address 5715a Saloma Ave.17. (a) Burial (b) Date thereof Dec. 20, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Friedens Cemetery18. (a) Signature of funeral director Calvin F. Feutz Funeral Home(b) Address 4828 Natural Bridge Blvd.19. (a) DEC 19 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 5715a Saloma Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th
year 1945 hour 9:20 minute 0 P. M.21. I hereby certify that I attended the deceased from
19 to 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Embolism
fracture of left femur when she fell
while walking from bus to the
front entrance of Kingsbury
bus garage about 6:08 PM
on 7-19-45 the bus being driven
by one Lloyd Wilbur

Duration

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) Accident(b) Date of occurrence Dec 7 1945(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?
Public Street
(Specify type of place)(e) Means of injury 23. Signature Catriel E. Taylor Dep Cor
(M. D. or other)Address 1300 Clark Date signed 12-19-45

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 A. Mlinar

Licensed Embalmer No.....

4186

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.