S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1946

State File No. 1100

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 534

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: St. Marys Inf. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town E. St. Louis, (If outside city or town limits, write "RURAL") 11

(d) Street No. 1218 Baker Avenue (If rural, give location) NR 0

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME David Deloris Williams

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced -- 0

6. (b) Name of husband or wife --

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

7. Birth date of deceased January (Month) 12th. (Day) 1946 (Year)

8. AGE: Years 9 Months 11 Days 5 If less than one day 12 hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation --

11. Industry or business

FATHER
12. Name Roger Williams
13. Birthplace Slaughter, (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Doris Johnson
15. Birthplace Cristial Spring, (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Doris Williams

(b) Address 1218 Baker Avenue

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 1-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation Booker Washington

18. (a) Signature of funeral director E. Louis, Ill. R. M. C. Green

(b) Address 1318 E. Broadway

19. (a) JAN 17 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day January year 1946 hour 8 minute 45 M. PM

21. I hereby certify that I attended the deceased from Sept, 19, to 1/12/46, 19; that I last saw him alive on 1/12/46, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Sept
Due to	
Due to	
Other conditions Arteriosis (Include pregnancy within 3 months of death)	Sept
Major findings: Of operations Atelectasis	
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? Dr. H. H. Weathers (Specify type of place)

While at work? (e) Means of injury 0

23. Signature H. H. Weathers (M. D. or other)

Address 1421 Kansas Date signed 1/15/46

(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.....

Licensed Embalmer No.....

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.