

S. No. 2  
M-5-42  
v. 5-17-39  
-I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6876  
State File No. \_\_\_\_\_  
Registrar's No. 35

FILED MAR 13 1948

Registration District No. 310 Primary Registration District No. 3058

1. PLACE OF DEATH:  
(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1015 South Fifth Street  
(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 Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1015 South Fifth Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mathilda Williams  
(b) If veteran, name war NIL (c) Social Security No. 1111

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 10  
year 1946 hour 8:00 minute P. M.

4. Sex female 5. Color or race black 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife David Williams, deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: ? (Month) ? (Day) 1848 (Year)

21. I hereby certify that I attended the deceased from Feb 9<sup>th</sup> 1946 to Feb 10<sup>th</sup> 1946  
that I last saw her alive on Feb 10<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 98 Months ? Days ? If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Broken compensation  
Due to \_\_\_\_\_  
Due to Chronic Myocarditis  
Gen. Arterio-sclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Lincoln County Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation None  
11. Industry or business At home

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

16. (a) Informant Otto Williams (son)  
(b) Address 1015 S. 5th-St. Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 13-1946  
(Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove-St. Charles

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? No

18. (a) Signature of funeral director H. C. Dallmeyer + Sons Co  
(b) Address 800 N. 2nd-St. Charles, Mo.  
19. (a) Feb 19-46 (Date received local registrar) (b) Fannie Hamster (Registrar's signature)

23. Signature W. P. Schuch (M.D. or other) \_\_\_\_\_  
Address St. Charles, Mo. Date signed 2/14/46

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

5820

RECEIVED.  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 3-12-46

**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.....

Philip A. Miceli....., Registered Apprentice No. 388  
working under my personal supervision.

Signed..... John E. Dalbreyer  
Licensed Embalmer No. 2957  
P. O. Address. St Charles 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.**