S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15334

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3922

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 4 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 96
(c) City or town Wellston, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1541 Salzman
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 11 (Day) 1871 (Year)
8. AGE: Years 74 Months 8 Days 17 If less than one day hr. min.
9. Birthplace ST. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Laborer.
11. Industry or business
MOTHER FATHER
12. Name Albert Williams
13. Birthplace ? (City, town, or county) So. Carolina (State or foreign country)
14. Maiden name Mary
15. Birthplace ? (City, town, or county) Texas (State or foreign country)
16. (a) Informant Louise Hatcher
(b) Address 1633 Cole ST.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/46 (Month) (Day) (Year)
(c) Place: burial or cremation ST. Peter's Cem.
18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard ST.
19. (a) APR 30 1946 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 10 minute P M.
21. I hereby certify that I attended the deceased from April 24, 1946 to April 28, 1946; that I last saw him alive on April 28, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic Heart Disease with Decompensation — Duration Unk
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

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 E. B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 4/29/46

(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 L. Boyhn

....., Registered Apprentice No. M,

working under my personal supervision.

Signed Lonnie Boyhn

Licensed Embalmer No. 2946

P. O. Address St Louis M

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.