

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
FILED MAY 31 1946
 Registration District No. **318** Primary Registration District No. **1003**

State File No. **19055**
 Registrar's No. **4645**

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

1. PLACE OF DEATH:

(a) County **Saint Louis**

(b) City or town **Saint Louis**
 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Saint Louis City Hospital #1
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **31 Days**
 (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME **Frances B. Williams**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **None**

4. Sex **Female** **5. Color or race** **White**

6. (b) Name of husband or wife **Silas Williams**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **July 4, 1874**
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	18	hr. min.

9. Birthplace **Hardin Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Henry Blackwell**

13. Birthplace **Unknown England**
 (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Silas Williams**

(b) Address **1031 Grattan Str.,**

17. (a) Removal **(b) Date thereof** **5-26-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hamburg, Illinois**

18. (a) Signature of funeral director **Jay. B. Smith.**

(b) MAY 23 1946 **7456 Manchester, Maplewood, Mo.,**

19. (a) (b) J. F. Brueck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Saint Louis**
 (If outside city or town limits, write "RURAL")

(d) Street No. **1031 Grattan Str.,**
 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**
 year **1946** hour **4** minutes **05 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: **Fracture left femur**
unhealed and when she fell
to the floor in the kitchen at
about 8:30 A.M.

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident (F.O.I.)**

(b) Date of occurrence **April 26, 1946**

(c) Where did injury occur? **St. Louis Mo**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? _____ (Specify type of place)

(e) Years of injury **Is above**

23. Signature **Patrick E. Day** **Dep. Cor.**
 (M.D. or other)

Address **1300 Clark** Date signed **5-23-46**

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 3454
J Robert Sidman, Registered Apprentice No. 400,
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.