

19057

State File No.

FILED JUN 6 1946  
318

Registration District No.

Primary Registration District No.

1005

Registrar's No.

4738

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 (1)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 months  
(Specify whether years, months or days)  
In this community 2 Yrs.

3. (a) PRINT FULL NAME Joanna Williams

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

3. (c) Social Security  
No.....

4. Sex Female 3  
race Negro

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

6. (b) Name of husband or wife  
Henry Williams, deceased

6. (c) Age of husband or wife if  
alive 74 years

7. Birth date of deceased June 21 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 11 5 hr. min.

9. Birthplace Lake Village Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant General Williams

(b) Address 4307 Garfield

17. (a) Shipped Removal Date thereof 5-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksdale Miss.

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St

19. (a) MAY 27 1946 (Date registered)  
J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3022 Bell Ave (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1946 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
Nov. 15, 1946 to May 26, 1946  
that I last saw h. er alive on May 26, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertension  
Senile Psychosis

Duration  
Unk  
"

Due to

Due to

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy None

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?

While at work (Specify type of place) (e) Means of injury  
23. Signature H. J. Egan (M. D. or other)  
Address 7601 N. Whitman Date signed

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. Boykin  
....., Registered Apprentice No. MP,  
working under my personal supervision.

Signed

Lorris Boykin

Licensed Embalmer No.

2946

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.**