

19058

State File No. 4827

Registration District No. 318 Primary Registration District No. 1003

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 17 days
 In this community 25 yrs
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lulu Williams
 3. (b) If veteran, name war none
 3. (c) Social Security No. none
 4. Sex female
 5. Color or race col
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Josh Williams
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased June 7 1897
 (Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 19
 If less than one day hr. min.

9. Birthplace Morganza Louisiana
 (City, town, or county) (State or foreign country)
 10. Usual occupation housewife
 11. Industry or business none

12. Name Robert Helman
 13. Birthplace Morganza Louisiana
 (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 Emmetta Barnes
 (b) Address 4321 Kennerly Ave.
 17. (a) Burial
 (Burial, cremation, or removal) (b) Date thereof 5-31-46
 (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Allen Dales
 (b) Address 3506 Franklin Ave.
 19. (a) MAY 29 1946
 (Date received local registrar) (b) J. J. Bredek
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 00
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3656 Page
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) 9
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 26
 year 1946 hour 7 minute 50 A. M.
 21. I hereby certify that I attended the deceased from 5-9-46 to 6-26-46, 1946.
 that I last saw her alive on 5-26-46, 1946.
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Chronic Nephritis with Malignant Hypertension
 Duration Unk

Due to 131
 Due to Hypertensive Encephalopathy
 Other conditions (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. Erwin (M. D. or other)
 Address 2601 N Whittier Date signed 5/27/46

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

17936

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, as by

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

Signed.....

Sheldon J. Spindell

.. Licensed Embalmer No.

4243

P. O. Address.....

*927 N. E. 1st Ave.
Bellevue, Wash. D. C.*

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.