

State File No. _____

Registrar's No. **4519**

FILED MAY 31 1946

Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis Mo**

(c) Name of hospital or institution **In Alley 4540 Cote Brillante**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3** (Specify whether)

In this community **Three years** (years, months or days)

3. (a) PRINT FULL NAME

Parthenia Williams

3. (b) If veteran, name war _____

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

4. Sex **Female**

5. Color or race **Negro**

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

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

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

7. Birth date of deceased **October 2nd 1902**

(Month) (Day) (Year)

8. AGE: Years **43** Months **7** Days **13**

If less than one day hr. _____ min. _____

9. Birthplace **Eldorado Mississippi**

(City, town, or county) (State or foreign country)

10. Usual occupation **Maid**

11. Industry or business **Day-work**

12. Name **Joe Lumpkins**

13. Birthplace **Unavailable**

(City, town, or county) (State or foreign country)

14. Maiden name **Sylvia Wilson**

15. Birthplace **Unavailable**

(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Lumpkins**

(b) Address **4536 Cote Brillante**

17. (a) **Removal** (b) Date thereof **5/22/46**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Vicksburg Mississippi**

18. (a) Signature of funeral director **Charles J. Gates**

(b) Address **4107 Kinney Ave**

19. (a) **MAY 20 1946** (b) **J. F. Bredeck**

(Date received local registrar) (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. **4536 Cote Brillante** (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 **15th**

year **1946** hour **4** minute **358** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death **Dissecting Aneurysm of Aorta**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **30**

Major findings: Of operations _____

Of autopsy _____

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 **Patricia E. Taylor** (M. D. or other) _____

Address _____ Date signed **May 22**

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

Thomas J. Gates....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No. *4259*.....

P. O. Address *407 Finney*.....

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.