

FILED JUL 3 1948

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 5664

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No. 1432 N. 13th St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 years years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1432 N. 13th St - 9 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEEORA WILLIAMS  
3. (b) If veteran, name war No  
3. (c) Social Security No. none

4. Sex Fe 3 5. Color or race negro 6. (a) Single, widow, or married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar 6 1903 (Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Memphis Tenn (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Residence

12. Name Andrew Taylor

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

14. Maiden name Mattha

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

16. (a) Informant Golden French

(b) Address 1432 N. 13th St

17. (a) Burial (b) Date thereof 6/29-48 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Boyd Bros

(b) Address 2704 1/2 Fairly Ave

19. (a) JUN 27 1948 (Date received local registrar) (b) J. J. Bredet (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 28 year 1948 hour 12 minute 415 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 \_\_\_\_\_  
Due to ruptured Aorta  
Due to thrombosis  
Other conditions (include pregnancy within 3 months of death) 30  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 5  
23. Signature Thomas F. Callahan (Physician)  
Address Carman Date signed 6-27-48

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

MOTHER FATHER

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.....

working under my personal supervision.

*Edwarda Flynn*, Registered Apprentice No. *397*

Signed *James A. Johnson*

Licensed Embalmer No. *3522*

P. O. Address *3704 Finley*

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.



22344

**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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**