

28053

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: St. Louis Childrens Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community LIFE

3. (a) PRINT FULL NAME Gerald Eugene Williams

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

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased January 14 1945
(Month) (Day) (Year)

8. AGE: Years 1 Months 7 Days 7 If less than one day hr. --- min. ---

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business ---

MOTHER FATHER

12. Name Calvin McCabe

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

14. Maiden name Tera Pearl Williams

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

16. (a) Informant Tera P McCabe

(b) Address 1716 Texas Avenue

17. (a) Burial (b) Date thereof 8-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eminence, Mo.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) AUG 22 1946 (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 St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1716 TEXAS AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21
year 46 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from 8 21
19.46 to 8-21 1946

that I last saw him alive on 8-21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death depression
Endosis & dehydration

Due to ---

Due to ---

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

PHYSICIAN

Major findings:
Of operations ---

Of autopsy ---

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)

23. Signature J. P. Koffner (M. D. or other) ---

Address --- 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.....

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

Signed.....

L P Cooper

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette*

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.