

S. No. 2
DM-5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

32346

FILED OCT 7 1946
318

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No. 8354

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4644a S. Grand
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Emily K. H. Williams

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Edward S. 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Jan. 15 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 13
hr. min.

9. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene G. Holdener
(b) Address 6032 Sutherland

17. (a) Burial (b) Date thereof 10/1/46
(Motor) walnut Hill (Specify, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belleville Ill.

18. (a) Signature of funeral director Wacker - Hill
(b) Address 3634 Gravois Ave.

19. (a) SEP 29 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Sept 21 1946, to Sept 28 1946
that I last saw her alive on Sept 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days
Due to Hypertension ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Frank J. [Signature]

Licensed Embalmer No.....

2675

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.