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FILED OCT 28 1946

State File No. _____

Registration District No. 27

Primary Registration District No. 6076

Registrar's No. 3106

1. PLACE OF DEATH:

(a) County Coeh **ST. LOUIS**

(b) City or town Rural

(c) Name of hospital or institution Coeh Hosp 0
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 139 days
In this community 30 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 026

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3909 - Dwight 9
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lillie Williams

3. (b) If veteran, name war _____

3. (c) Social Security # 400

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17
year 1946 hour 8 minute 53 P. M.

21. I hereby certify that I attended the deceased from 9-19-46 to 10-17-46
that I last saw her alive on 10-17-46
and that death occurred on the date and hour stated above.

4. Sex Fem 5. Color or race Col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 5-29-1911
(Month) (Day) (Year)

Immediate cause of death Tuberc 136

Due to _____

Due to _____

Other conditions Joe Carter's 12 mos
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

35 4 19 hr. min.

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

10. Usual occupation waitress

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name FRANK Cross

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

14. Maiden name Wassie Gude

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

16. (a) Informant Mrs Weston

(b) Address _____

17. (a) Burial (b) Date thereof Oct. 22, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hughes Park Cem.

18. (a) Signature of funeral director Engel & Sons Co.

(b) Address 203 Lucas Ave.

19. (a) 10-22-46 (b) Ruth J. Allen MD
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Bernard Friedman (M. D. or other) M.D.
Address Coeh Hosp Date signed 10/17/46

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.....

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.