

FILED OCT 16 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8566**

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: Missouri Pacific
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 weeks
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town De Soto
(If outside city or town limits, write "RURAL")
 (d) Street No. 511 Jefferson
(If rural, give location)
 (e) * Citizen of foreign country? No. (None)
 If yes, name country _____

3. (a) PRINT FULL NAME Gertrude 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
 6. (b) Name of husband or wife Alfred Williams
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Oct. 4 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 29
If less than one day hr. min.

9. Birthplace Jefferson County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation At home

MOTHER FATHER

11. Industry or business _____
 12. Name Joe Burgess
 13. Birthplace Jefferson Co Mo
(City, town, or county) (State or foreign country)
 14. Maiden name not known
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Williams

(b) Address De Soto Mo

17. (a) Burial (b) Date thereof Oct 6 '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo

18. (a) Signature of funeral director J. F. Waddeker

(b) Address De Soto Mo

19. (a) 10-5-46 (b) J. F. Waddeker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
 year 1946 hour 11 minute 40 P M.

21. I hereby certify that I attended the deceased from Oct 3
3 1946 to Oct 3 1946
 that I last saw her alive on Oct 7
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis
 Duration _____

Due to Carcinoma of Rectum
 Primary site-Rectum

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: H6
 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) (a) Means of injury
 Signature Vincent A. Yerron (M. D. owner)
 Address No. Pac. Exp. Date signed 10-3-46

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

9958

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

J. M. McHugh

Licensed Embalmer No. *3531*

P. O. Address. *D. Pate m.*

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.