

FILED NOV 7 1946  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

Registrar's No. 9163

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: Enroute to Homer G. Phillips Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether 3)

In this community about 30 years  
years, months or days

3. (a) PRINT FULL NAME Hallie Mae Williams

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race Col.

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

6. (b) Name of husband or wife John Roosevelt Williams 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 12 - 25 - 1910  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>9</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business In home

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 John R. Williams - husband

(b) Address 717a Nth 22nd St. St. Louis

17. (a) Burial (b) Date thereof 10-28-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Mame Riley

(b) Address 3759 Finney Ave. St. Louis, MO

19. (a) OCT 27 1946 (b) J. S. Wredenk  
(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. 717a Nth 22nd Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1946 hour 7:35 minute 8 P. M.

21. I hereby certify that I attended the deceased from June 13, 1946 to Oct 23, 1946 that I last saw him alive on Oct 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 93  
(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)

(e) Means of injury 15

23. Signature St. Moore (M. D. or other)

Address 809 N. Jefferson Date signed 10/26/46

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**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 *Lawrence E. Edwards*

Licensed Embalmer No. 4341

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.