

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10124**

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:
Enroute to City Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (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** **2517**
(If outside city or town limits, write "RURAL")
(d) Street No. **1427 N. 16th ST**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **24th**
year **1946** hour **1** minute **2** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the _____ day and hour stated above.

Immediate cause of death: **Internal hemorrhage** Duration _____

from gunshot wound of chest and back
from the hands of party or parties unknown
at 25 Franklin Ave about 1:00 A.M. Nov. 24, 1946

Other conditions: **None of the hands of party or parties unknown**

Major findings: _____
Of operations: _____

Of autopsy: **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all of the following:

(a) "Accident, suicide, or homicide (specify): **Homicide**

(b) Date of occurrence: **Nov. 24, 1946**

(c) Where did injury occur? **St. Louis, Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? _____ (Specify type of place)
Means of injury: **Revolver**

23. Signer: **Dr. E. G. Taylor** (M.D. or D.P.M.)
Address: **1300 Clark** Date signed: **11-26-46**

3. (a) PRINT FULL NAME **MORRIS WILLIAMS**

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

4. Sex **M** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **SINGLE**

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

7. Birth date of deceased: (Month) **Dec.** (Day) **21** (Year) **1928**

8. AGE: Years **17** Months **11** Days **3** If less than one day _____ hr. _____ min

9. Birthplace: **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation: **PORTER**

11. Industry or business _____

12. Name: **UNKNOWN UNKNOWN**

13. Birthplace: **?** **?**
(City, town, or county) (State or foreign country)

14. Maiden name: **ROBERTA Lee**

15. Birthplace: **ALMAN G.A.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **DeWitt Lee**

(b) Address: **4234 S. Taylor**

17. (a) **BURIAL** (b) Date thereof: **11 27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Greenwood Cem**

18. (a) Signature of funeral director: **A. F. Walton**

(b) Address: **2707 St. Ferdinand St**

19. (a) **NOV 27 1946** **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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.

Not Embalmed
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.