

0-2
5-43
7-39
X36571

FILED JAN 13 1947

1003

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11297**

1. PLACE OF DEATH:

(a) County **St. Louis Mo**

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

(c) Name of hospital or institution **City Hosp - 28**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**

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

(d) Street No. **1439** (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Michael Williams**

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

4. Sex **Male** **5. Color or race** **Negro**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** **19 1/2** years

7. Birth date of deceased: _____ (Month) (Day) (Year) **1926**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **5** year **1946** hour **12** minutes **15** 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 date and hour stated above.

Immediate cause of death _____

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

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **with truck**

11. Industry or business _____

MOTHER FATHER

12. Name **Luc Kunk**

13. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Luc Kunk**

15. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

Due to **Immaturity**

Due to **Congenital Debility**

Other conditions **W. M. G.**

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **159**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Thomas P. Callanen**

(b) Address **Anatomical School**

17. (a) (Burial, cremation, or removal) _____ **(b) Date thereof** **12-13-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Washington**

18. (a) Signature of funeral director **W. R. ...**

(b) Address **3525 ...**

19. (a) (Date received local registrar) **DEC 31 1946** **(Registrar's signature)** **J. E. ...**

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) _____

(c) Means of injury _____

23. Signature **Richard Perry** (M. D. or other) _____

Address **Jefferson** **Date signed** **12/24/46**

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.