

FILED FEB 10 1947

State File No. _____
Registrar's No. _____

Registration District No. **318**

Primary Registration District No. **1003**

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 3828 Laclede Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3828 Laclede Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EUGENE FIELD WILLIAMS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRIEDA WILLIAMS 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan. 3 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace FARMINGTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation PRIVATE NIGHT WATCHMAN

11. Industry or business _____

MOTHER FATHER { 12. Name EDGAR WILLIAMS
13. Birthplace FARMINGTON MO
(City, town, or county) (State or foreign country)
14. Maiden name LUCY COLE
15. Birthplace WASHINGTON MO
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. EUGENE F. WILLIAMS

(b) Address 3828 LACLEDE AVE

17. (a) REMOVAL (b) Date thereof 1-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FARMINGTON MO

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JAN 27 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25th
year 1947 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to _____

Due to 9/12/47
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 1/27/47

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

JUL 25 1957

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Leideell

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.