

FILED JUN 13 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5434

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

1. PLACE OF DEATH:

(a) County St. Louis Mo

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

(c) Name of hospital or institution Hosp-10  
(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 MO (b) County \_\_\_\_\_

(c) City or town St. Louis Mo  
(If outside city or town limits, give "RURAL")

(d) Street No. 4040 Olive St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Beauford Williams

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1947 hour 12 minute am M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male

5. Married 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive art 1899

7. Birth date of deceased: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

8. AGE: Years 48 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace W. Va (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

Due to Bilaterally

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business W. Va

12. Name W. Va

13. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country) 7

14. Maiden name \_\_\_\_\_

15. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country) 9

Major findings: Of operations 108

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Thos. J. Callaghan

(b) Address 300 Oak St

17. (a) Anatomical Board (b) Date thereof 5-14-47  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director W. Reuther

(b) Address 3500 Route 66

19. (a) JUN 2 1947 (Date received local registrar)

J. F. Brodeur (Registrar's signature)

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) \_\_\_\_\_ (2) Means of injury \_\_\_\_\_

23. Signature S. J. ... (M. D. or other) \_\_\_\_\_

Address Devere Date signed 5/30/48

**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.....

*Harry Mattox*

Registered Apprentice No. *501*

working under my personal supervision.

Signed.....

*Robert G. Kappeler*

Licensed Embalmer No. *2971*

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.**