

No. 2
-1/47
-17-39

STANDARD CERTIFICATE OF DEATH

State File No. 19502
4714
Registrar's No.

FILED MAY 22 1947

Registration District No. 318

Primary Registration District No. 1008

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution Homer Phillips Hospital
(d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 25th
(c) City or town St. Louis 17
(d) Street No. 1426 Cass Ave 9
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Richard Williams
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Esther William
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 15 1895

8. AGE: Years 51 Months 10 Days 23

9. Birthplace Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Nil

MOTHER FATHER

11. Industry or business
12. Name John Williams
13. Birthplace Miss. (City, town, or county) (State or foreign country)
14. Maiden name Harriett Coor
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Esther Williams
(b) Address 1426 Cass Ave
17. (a) Burial, cremation, or removal Burial
(b) Date thereof May 19, 1947
(c) Place: burial or cremation Glendale, Miss
18. (a) Signature of funeral director English and Co.
(b) Address 2931 Tulane Ave.
19. (a) Date received local registrar MAY 10 1947
(b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8th
year 1947 hour 10 minutes M.
21. I hereby certify that I attended the deceased from 6th May 1947
that I last saw him alive on 7th May 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Hypertension
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
Of autops: no

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
23. Signature W. Heaton (M. D. or other)
Address 2743 Franklin Date signed May 9

WRITE PLAINLY—USING 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 *Burleson English*
Licensed Embalmer No. *4208*
P. O. Address *2931 Lucas, W*

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.