

No. 2
-12-45
-5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22770
5779
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
(c) Name of hospital or institution: DEACONESS HOSPITAL
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS
(d) Street No. 2035 RUTGER, 22
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

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

4. Sex FEMALE 5. Color or race W.I.
6. (a) Single, widowed, married, divorced, DIVORCED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER 30 1913
(Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 11
If less than one day hr. min.

9. Birthplace: ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation ASSEMBLER

11. Industry or business MAJESTIC STOVE & RANGE CO.

12. Name CHARLES WILLIAMS

13. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)

14. Maiden name LENA WALTERS

15. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Davis

(b) Address Du Pree Arkansas

17. (a) Removal (b) Date thereof JUNE 12-47
(Month) (Day) (Year)

(c) Place: burial or cremation DUMAS ARKANSAS

18. (a) Signature of funeral director E. J. Scherer

(b) Address 3125 Lafayette Av.

19. (a) JUN 12 1947 (b) J. J. Breaux
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6- day 11
year 47 hour 12:55 minute P.M.
21. I hereby certify that I attended the deceased from 6-6
19 to 6-11 1947
that I last saw her alive on 6-11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Paralytic Ileus
Due to gas operation

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Endometrium enlarged
Of operations
Of autopsy

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

Signature: P. B. Capel M.D. or other MD
Address 3284 Prohibue Date signed 6-11-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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. *4014*

P. O. Address *3125 Lafayette Ave*

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.