

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County... **St. Louis Missouri**
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **4255/W Page**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **8 Mo** (Specify whether years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **ood**
(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **4255/W Page** (If rural, give location) **9**
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME **Eddie James William**

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

4. Sex **Male** 2 5. Color or race **Col** 6. (a) Single, widowed, married, divorced..... **0**
6. (b) Name of husband or wife..... **Jospeh William** 6. (c) Age of husband or wife if alive..... **37** years
7. Birth date of deceased..... **Oct 3 1946**
(Month) (Day) (Year)

8. AGE: Years Months **7 5** If less than one day
9 hr. min.

9. Birthplace..... **ST. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Nil**

11. Industry or business.....

12. Name **Jospeh William**
13. Birthplace..... **Mississippi**
(City, town, or county) (State or foreign country)
14. Maiden name **Mattie Jackson**
15. Birthplace..... **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mattie William**
(b) Address **4255/W Page**

17. (a) **Burial** (b) Date thereof **7/19/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Hernar J. Smith**
(b) Address **4247/E Labadie Ave**

19. (a) **JUL 19 1947** (b) **J. F. Brace**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18**
year **1947** hour **6:15** minute **Q.M.**

21. I hereby certify that I attended the deceased from **7-14**
....., 19**47** to **7-18**, 19**47**

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

Immediate cause of death **Tobar pneumonia**
Duration **2 days**

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) **100**

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause of 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?..... (Specify type of place) **5**

While at work?..... (e) Means of injury.....
23. Signature **Dr. Roy Cobbs** M. D. or other **M.D.**
Address **1432-N Taylor Ave** Date signed **7-18-47**

A

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 _____

Emmitt I. Houston

Registered Apprentice No. *449*

working under my personal supervision.

Signed *Lawrence C. Madson*

Licensed Embalmer No. *4341*

P. O. Address *St Louis Mo.*

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.