V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26210
7086

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~Home~~ 3651 Cook
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Wash
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3651 Cook 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Earl Williams

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex Male D

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife HATTIE WILLIAMS

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June (Month) 30 (Day) 1881 (Year)

8. AGE: Years 66 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Frankfort (City, town, or county) MO. (State or foreign country)

10. Usual occupation Waiter

11. Industry or business

FATHER
12. Name MATT WILLIAMS
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY WILLIAMS
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Williams
(b) Address 3651 Cook

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG. 1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON-PARK

18. (a) Signature of funeral director Boyd Bros.
(b) Address 3704 FINNEY AVE.

19. (a) JUL 31 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1947 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-23, 19 46 to 7-30, 19 47 that I last saw him alive on 7-30, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary thrombosis
Angina Cardiac

Due to

Other conditions Cancer of stomach
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy

Duration

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? (Specify type of place)
While at work (e) Means of injury

23. Signature (M.D. or Coroner)
Address 539 N. Grand Date signed 7-30-47

(Licensed Embalmer's Statement on Reverse Side)

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 T. Houston, Registered Apprentice No. 449, working under my personal supervision.

Signed Edward C. Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 Page

Beatrice Lopez #469

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.

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