U. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26211

FILED AUG 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7192

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peoples Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Ord
(c) City or town 1321 Elliot St. 17
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis, Mo. 9
(If rural, give location) 21
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edna Williams.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Williams
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Mar. (Month) 12 (Day), 1922 (Year)

8. AGE: Years 25 Months 4 Days 18 If less than one day hr. min.

9. Birthplace Senatobia (City, town, or county) Miss (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name L. Buford.
13. Birthplace Oxford (City, town, or county) Miss (State or foreign country) 1
14. Maiden name Alena Bowles
15. Birthplace Oxford (City, town, or county) Miss (State or foreign country) 1

16. (a) Informant Viola Perry
(b) Address Lake Cormorant Miss
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Senatobia, Miss
18. (a) Signature of funeral director English Und. Co
(b) Address 293 Lucas, Mo
19. (a) AUG 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 30th year 1947 hour 8 minute 00 A.M.
21. I hereby certify that I attended the deceased from June 12th, 1947 to July 30, 1947 that I last saw her alive on July 30, 1947 and that death occurred on the date and hour stated above.

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

83

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) 0
While at work? (e) Means of injury

23. Signature Clyde B. Kane (M. D. or other) UMW
Address 706 Walton Date signed 8/1/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 2937 Lucas 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.