V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 8 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26213

Primary Registration District No. 1003

Registrar's No. 7048

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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2327a Spruce 9
(If rural, give location)

(e) Citizen of foreign country? 22 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John Williams

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased MAY (Month) 5 (Day) 1872 (Year)

8. AGE: Years 75 Months 2 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Miss (State or foreign country) 1

10. Usual occupation LABOR 1

11. Industry or business

FATHER
12. Name MACK WILLIAMS
13. Birthplace (City, town, or county) Miss (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant LULA WILLIAMS
(b) Address 2327 SPRUCE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD CEM

18. (a) Signature of funeral director F. A. GREEN
(b) Address 2912 FRANKLIN AVE

19. (a) JUL 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1947 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from June 30, 1947, to July 23, 1947; that I last saw him alive on July 23, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis-FarAdvanced	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature O. L. Daniels (M. D. [redacted])
Address 2601 N Whittier Date signed 7-23-47

Jefferson City Printing Co. (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.....

..... Registered Apprentice No.....,

working under my personal supervision.

Signed F. A. Green 2863

Licensed Embalmer No. 2915 Franklin

P. O. Address ~~2863~~ 2915 Franklin

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.