No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
Regional Office of Vital Statistics
FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29673

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7173

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3036 Dickson Ave.
(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: all his Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: —
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 3036 Dickson St. 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 21
If yes, name country .....

3. (a) PRINT FULL NAME: John Williams Jr.
3. (b) If veteran, name war: no
3. (c) Social Security No.:
4. Sex: Male 2
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lottie Williams
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: Sept. 11, 1877 (Month) (Day) (Year)

8. AGE: Years 69 | Months 10 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Porter
11. Industry or business .....

MOTHER FATHER
12. Name: John Williams Sr.
13. Birthplace: Jefferson City, Mo. (City, town, or county) 0 (State or foreign country)
14. Maiden name: Sallie Mack.
15. Birthplace: Jefferson City, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Lottie Williams
(b) Address: 3036 Dickson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 9, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery.
18. (a) Signature of funeral director: Wright's Funeral Home.
(b) Address: 3100 Easton Ave.
19. (a) AUG 8 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1947 hour 10:40 minute P. M.

21. I hereby certify that I attended the deceased from June 4, 1947 to Aug. 5, 1947 and that I last saw him alive on August 1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	8 mos
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: W. H. P. Clark (M. D. or other)
Address: 2718 a Franklin Date signed: 8-7-47

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

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard 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.