FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29675

Primary Registration District No. 1003

Registrar's No. 3073

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 2118 Mississippi 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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2118 Mississippi (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rebecca Ann Williams
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife David R. Williams
6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased July (Month) 5 (Day) 1860 (Year)
8. AGE: Years 87 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Knoxville (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Thomas Lawless
13. Birthplace Knoxville (City, town, or county) Tennessee (State or foreign country)
MOTHER 14. Maiden name Etta Allen
15. Birthplace Knoxville (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Dorothy Day
(b) Address 2118 Mississippi
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) 700 Washington Blvd.
19. (a) AUG 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1947 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug. 19 1947 to Aug. 23 1947 that I last saw h. alive on Aug 23 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	5 days
Due to Arterio-sclerosis	
Due to Senility	
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

23. Signature Edmund R. Sheridan (M. D. or other)
Address 2602 So. Grand Date signed 8-25-47

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 John S. Dennehy

Licensed Embalmer No. 4194 F

P. O. Address.....

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.