No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33154

Registrar's No. 8833

1. PLACE OF DEATH:
(a) County: St. Louis Mo.
(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 Phillips Hospital (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 6 Mp.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Misspuri (b) County: 17
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 2801 Magazine St (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: LEROY C. WILLIAMS
3. (b) If veteran, name war: WORLD WAR 2
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: Edna Mae Williams
6. (c) Age of husband or wife if alive: 29 years
7. Birth date of deceased: June (Month) 2nd, (Day) 1919 (Year)

8. AGE: Years 28 | Months 1 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace: Barton (City, town, or county) Ark. (State or foreign country)
10. Usual occupation: Brick Hauler
11. Industry or business: May,s Brick Co.
MOTHER FATHER
12. Name: Jesse Williams
13. Birthplace: Barton (City, town, or county) Ark. (State or foreign country)
14. Maiden name: Drueline Miller
15. Birthplace: ? (City, town, or county) Miss. (State or foreign country)
16. (a) Informant: Edna Mae Williams
(b) Address: 2801 Magazine St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/8/47
(c) Place: burial or cremation: Nat, Cem, Jeff, Barks Mo.
18. (a) Signature of funeral director: Ellis Fun, Home
(b) Address: 2820 Stoddard St
19. (a) SEP 5 1947 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 2nd, year 1947 hour 1 minute 55 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.
Immediate cause of death: Fecal Peritonitis (Duration) following resection of sigmoid for Diverticulitis 2 Pneumothorax, W/K in the work
Due to: Diverticulitis of the sigmoid and stricture of colon
Due to: Cancer of Sigmoid
Other conditions (Include pregnancy within 3 months of death): 3 months
Major findings: Of operation: 1/10
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: 2 1947
(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? (Means of injury)
23. Signature: (M. D. or other)
Address: Date signed 9/4/47

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

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

NOV 3 1947

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. Fulton E Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 Mo

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.