S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36422

FILED NOV 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10001

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 14 S. Channing
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 yrs.
years, months or days)

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. 14 S. Channing
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie Williams
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 13 (Day) 1900 (Year)

8. AGE: Years 47 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Jackson, Miss (City, town, or county) (State or foreign country)
10. Usual occupation House work
11. Industry or business
FATHER
12. Name Will Boston
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Carrie Richard
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mattie Williams
(b) Address 14 S. Channing
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director G. W. Granberry
(b) Address 4202 Finney Ave
19. (a) NOV 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27
year 47 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from 10/22 1947 to 10/27 1947 that I last saw her alive on 10/27 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis — Duration 3 days
Due to
Due to
Other conditions: Bronchial Asthma — 1 yr.
(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 [illegible] (M. D. or other)
Address 3146 a Lacleede Date signed 10/28/47

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 Frederick P. Stark, Registered Apprentice No. 74, working under my personal supervision.

Signed Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis, 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.