

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39597**  
Registrar's No. **10940**

FILED DEC 6 1947  
Registration District No. **318**

Primary Registration District No. **1003**

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

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 Phillips**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **over 12**  
(c) City or town **St. Louis** **9**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1218 Blair** **0**  
**25** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **WILLIAMS DOUGLAS**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

4. Sex **male?** 5. Color or race **negra** 6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **1876**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**abt. 71** hr. min.

9. Birthplace **Marianna Ark.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cab**

11. Industry or business.....

12. Name **Unknown**

13. Birthplace.....  
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fannie Whitney**  
(b) Address **1218 Blair**

17. (a) **Burial** (b) Date thereof **12-2-47**  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oke Dale Cem.**

18. (a) Signature of funeral director **S. Wade Granbery**  
(b) Address **4202 Finney Ave.**

19. (a) **NOV 30 1947** (b) **J. F. Breckers**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **27**  
year **1947** hour **8** minute **45 P** M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....;  
that I last saw him..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to **Abscess Left Lung**  
Due to **Cause not determined**

Other conditions.....  
(Includes pregnancy within 8 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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 **J. F. Breckers & F. J. ...** (Name or other).....

Address..... Date signed **11/28/47**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.