

FILED DEC 6 1947
Registration District No. 318

Primary Registration District No. 1003

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 G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1323 1/2 Prairie
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country, _____

3. (a) PRINT FULL NAME Lula Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1947 hour 1 minute 25 A. M.

21. I hereby certify that I attended the deceased from Nov. 18 1947, to Nov. 25 1947
that I last saw her alive on Nov. 25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular Disease Duration Undet.

Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy No
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? _____ (Specify means of injury)
Signature Oscar Daniel (M. D. or other) _____
Address 2601 N Whittier Date signed 11/25/47

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 5 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 20 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business HOUSE WIFE

12. Name John Hall

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

14. Maiden name Margie Hall

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

16. (a) Informant Louis Williams

(b) Address 1323 1/2 Prairie

17. (a) BURIAL (b) Date thereof Nov 29 1947
(Burial, cremation, or removal) (Month) (Year)

(c) Place: burial or cremation Washington, D.C.

18. (a) Signature of funeral director E.A. Green

(b) Address 4214 Delmar, Bt

19. NOV 20 1947 (Date received local registrar) (b) 4214 Delmar, Bt (Registrar's signature)

MOTHER FATHER

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: _____

E. A. GREEN

Licensed Embalmer No. *2963*

P. O. Address *4214 DELMAR*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. De
Registrar's No. 109617

Registration District No. 318

Primary Registration District No. 1003

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:

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

3. (a) PRINT FULL NAME Lula Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race B 6. (a) Single, widowed, married, divorced Wed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased May 5 (Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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 _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) J. F. Bredek (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 25 year 1947 hour _____ minute _____ M.

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

Duration

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

SUPPLEMENTARY

J. F. Bredek
DEC 11 1947

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