No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 3251
Registrar's No. 923

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2341 Ecoff Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 6:20
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2341 Ecoff Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Agnes Cordelia Williams
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Williams
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July (Month) 6 (Day) 1874 (Year)

8. AGE: Years 73 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Pettis Co., Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Dr. James Helms
13. Birthplace Boonville, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Mitchell
15. Birthplace Florence, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant John Williams
(b) Address 2341 Ecoff Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) JAN 29 1948 (Date received by registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1948 hour 7 minute 30 A M.
21. I hereby certify that I attended the deceased from Nov 30 1947 to Jan 29 1948 that I last saw her alive on Jan 28 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to —	
Due to —	
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 Vincent F Tonnsend (M. D. or other)
Address 3101 a Sutton Ave Maplewood Mo Date signed 1-29-48

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

FEB 18 1949

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.....J. P. Burgess.....

Licensed Embalmer No.....4029.....

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.