

FILED MAY 11 1948
318
Registration District No. 1003

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: City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 21 yrs. 4 mos. 10 ds.
(Specify whether In this community..... 30 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. 13 5400 Arsenal St.
(If rural, give location)

(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... ALICE WILLIAMS

3. (b) If veteran, name war..... ND

3. (c) Social Security No. ND

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 1
year..... 1948 hour..... 8.30 minute..... P. M.

4. Sex..... female 5. Color or race..... negro

6. (a) Single, widowed, married, divorced..... married

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... August 20 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 1, 1948, to May 1, 1948, that I last saw her alive on May 1, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death.....

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>8</u>	<u>11</u> hr. min.

Due to..... Intestinal Obstruction - Chronic

Due to..... Cause undetermined 6 ds. x

Other conditions..... 1/27
(Include pregnancy within 3 months of death)

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

10. Usual occupation..... Housework

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... Betty?

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

16. (a) Informant..... Clara Robinson
(b) Address..... 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 5-4-48
(Month) (Day) (Year)

(c) Place: burial or cremation..... Washington Park

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?..... (a) Means of injury..... (1)

18. (a) Signature of funeral director..... A. L. Blalock
(b) Address..... 4303 Jefferson

19. (a) MAY 4 1948 (Date received local registration) (b) J. F. Blalock (Registrar's signature)

23. Signature..... Russ H. Fetter (M. D. or other) MD
Address..... 5400 Arsenal St. Date signed..... 2 May 48

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

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

Sara Thompson Wilson

Licensed Embalmer No. 4435

P. O. Address 2618 Belle

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.