

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 7 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3943**

WRITE PLAINLY—USE 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 G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days
(Specify whether in this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 77

(d) Street No. 2615 a Franklin
21 (If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Emma Williams

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

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1948 hour 8 minute a M.

21. I hereby certify that I attended the deceased from April 3, 1948, to April 22, 1948.

that I last saw her alive on April, 1948, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race C

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

6. (b) Name of husband or wife John N Williams

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

7. Birth date of deceased 2 8 1887
(Month) (Day) (Year)

Immediate cause of death Carcinoma of left Maxillary Antrum; Essential Hypertension

Due to.....

Due to.....

Other conditions Arteriosclerotic Ulcers right Leg
(Include pregnancy within 3 months of death)

Right Exotropia

Major findings:
Of operations.....

Of autopsy No

8. AGE: Years Months Days If less than one day

61 2 14 hr. min.

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

Ky 1

10. Usual occupation DOMESTIC

11. Industry or business.....

MOTHER FATHER } 12. Name Frank Murray

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

Ky 1

14. Maiden name Mary

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

Ky 1

16. (a) Informant Blahys Dross

(b) Address 2615 a Franklin

17. (a) Buried (b) Date thereof 4 26 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director A. F. Walter

(b) Address 2707 S. Fagard St

19. (a) APR 22 1948 (b) J. F. Breese
(Date received local Registrar) (Registrar's signature)

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) (Cause of injury)

23. Signature Burton G Phillips (M. or other)

Address 2601 N Whittier Date signed 4/22/48

3943

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 Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.