No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 7 1948

Registration District No. 310

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14770

Registrar's No. 4025

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: Ferrier Harris Home
(If not in hospital or institution, write street number or location) 3636 Page Avenue
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 100
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3636 Page Avenue 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Fannie Williams
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Robert J. Williams
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 3 (Day) 1871 (Year)

8. AGE: Years 77 Months 3 Days 23 If less than one day hr. min.
9. Birthplace Pilot Knob (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation domestic & cook
11. Industry or business retired

FATHER
12. Name James Hunt
13. Birthplace Iron County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Frances Grigsby
15. Birthplace Iron County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Thornton
(b) Address 3636 Page Avenue, St. Louis, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery
18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Rd., St. Louis 17, Mo.
19. (a) APR 29 1948 (Date received local registrar) (b) J. F. Brecast (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from 6-7- 19 47 to 4-26- 19 48 that I last saw her alive on 4-25- 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	8 hrs
Due to: Hypertensive Heart Disease	2
Due to:	
Other conditions (Include pregnancy within 3 months of death): 92	
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 0
23. Signature G. A. Gaskins (M. D. or Coroner) M.D.
Address 3200 Lucas ave. Date signed 4/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Ernest W. Spillers

Licensed Embalmer No. 4080

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.