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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14785

FILED MAY 15 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4349

1. PLACE OF DEATH: ~~St Louis Mo~~
(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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-½ Weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 905 N. Compton Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PERRY WILLIAMS
3. (b) If veteran, name war World War 2
3. (c) Social Security No. 497-03-9592

4. Sex Male
5. Color or race Col,
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ora Lee Williams
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased May (Month) 10th, (Day) 1899 (Year)

8. AGE: Years 48 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Maganta (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Wheel Roller
11. Industry or business American Brake Shoe Co
FATHER
12. Name Henry Williams
13. Birthplace Florence (City, town, or county) La (State or foreign country)
MOTHER
14. Maiden name Sarah Dixon
15. Birthplace Florence (City, town, or county) La. (State or foreign country)
16. (a) Informant Ora Lee Williams
(b) Address 3142 Brantner Pl
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Nat. Cem. Jeff. Barrks Mo.
18. (a) Signature of funeral director Ellis Fun. Home
(b) Address 2820 Stoddard St
19. (a) MAY 10 1948 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1948 hour 4:45 minute P. M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death 1. Fracture of Skull; 2. Laceration of the Brain; when he fell down the basement steps leading
Due to to his room at 905 No. Compton Ave. around 7:30 P.M. April 24th,
Due to 1948.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) ACCIDENT
(b) Date of occurrence April 24, 1948
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)
While at work (e) Means of injury
23. Signature Patrick J. Geyler (Name of attendant)
Address Date signed 4-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 15 1941

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. Fallon E Culkin

Licensed Embalmer No. 4198

P. O. Address. St Louis 13 Mo

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.