

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

18155

FILED JUN 12 1948

State File No. _____

Registration District No. **918**

Primary Registration District No. **1003**

Registrar's No. **5150**

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: **Peoples Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 weeks**
(Specify whether _____)
In this community **20 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **osc**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2835 Chouteau**
(If rural, give location)
(e) Citizen of foreign country? **22** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME

John Williams

3. (b) If veteran, name war _____ 3. (c) Social Security No. **4-29-510**

4. Sex **Male 2** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **May 5th, 1902**
(Month) (Day) (Year)

8. AGE: Years **46** Months **0** Days **26** If less than one day hr. _____ min. _____

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

10. Usual occupation **Porter**

11. Industry or business _____

12. Name **Willie Williams**

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

14. Maiden name **Mary McKline**

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

16. (a) Informant **Irine Porter**

(b) Address **2835 Chouteau Ave**

17. (a) **Burial** (b) Date thereof **June 5, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. John's**

18. (a) Signature of funeral director **J. F. Bradeen**

(b) Address **2769 Chouteau**

19. (a) **JUN 4 1948** (b) **J. F. Bradeen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **31**
year **1948** hour **12:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 14**, 19**48** to **May 31**, 19**48**
that I last saw him alive on **May 31**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism**

Due to **Pulmonary Infarct** **7 wk 3**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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)
(e) Means of injury **0**

23. Signature **P. H. Ward** (M. D. or other) **MD**

Address **4448 2nd St** Date signed **6/1/48**

WRITE PLAINLY—USE 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.....

Lyne Halle....., Registered Apprentice No. *221*
working under my personal supervision.

Signed *S. J. Watson*.....

Licensed Embalmer No. *2695*.....

P. O. Address *2769 Chouteau*.....

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.