

FILED AUG 12 1948

Registration District No. 318

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo; 14 days  
(Specify whether)  
In this community 30 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3940 W Belle  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME

Charles Williams

3. (b) If veteran, name war W.W. #1 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1948 hour 8 minute 46 AM  
21. I hereby certify that I attended the deceased from  
June 17, 1948 to July 31, 1948  
that I last saw him alive on July 31, 1948  
and that death occurred on the date and hour stated above.

4. Sex male 2 5. Color or race col 2  
6. (a) Single, widowed, married, divorced widow  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 15 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 1 16 hr. \_\_\_\_\_ min.

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

10. Usual occupation nurse

11. Industry or business \_\_\_\_\_

12. Name Richard Williams

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

14. Maiden name Hasty Williams

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

16. (a) Informant Deane White

(b) Address 3936 1/2 Fairfax ave

17. (a) burial (b) Date thereof 8-5-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks National

18. (a) Signature of funeral director J. F. Brudeck

(b) Address 3133 Ball ave  
AUG 2 1948

19. (a) \_\_\_\_\_ (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

Immediate cause of death  
Bronchogenic Carcinoma with Brain Metastases  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration  
Unk  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_

23. Signature J. F. Brudeck (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 8-2-48

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

MOTHER FATHER

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**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 *R. J. Watson*

Licensed Embalmer No. *269 A*

P. O. Address. *2769 Chaut*

**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.**