No. 300
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P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38798

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10435

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:
1519 Papin St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ind

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

(d) Street No. 1519 Papin St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Guss Williams Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased Nov. (Month) 12 (Day) 1879 (Year)

8. AGE: Years 69 | Months 0 | Days 18 | If less than one day hr. min.

9. Birthplace Starksville (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Guss Williams
13. Birthplace Starksville (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Marguerette Williams
15. Birthplace Starksville (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Johnson Williams
(b) Address 1519 Papin St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros. Fun Home
(b) Address 3704 Finney Ave

19. (a) DEC 1 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1948 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov. 27, 1948 to Nov. 29, 1948 that I last saw him alive on Nov. 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 2 days

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature E. T. Gaylor (M. D. or other)

Address 3 B 6 Chouteau Date signed 11/30/48

(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 Gilbert S. Sato, Registered Apprentice No. 107 working under my personal supervision.

Signed Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548a Page

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Lucus 7664