

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs.
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howe
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 824 So. 10th St.
22 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Nora Williams

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fem. 3 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow 7

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

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

8. AGE: Years Months Days If less than one day
Abt. 69 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Unavailable 9

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

14. Maiden name Julia Cavit

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

16. (a) Informant Thomas Adams

(b) Address 2616 Bernard

17. (a) Removal (b) Date thereof 12-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair County, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address 3517 Laclede

19. (a) DEC 27 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1948 hour 12:35 minute A. 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
Constrictive Pericarditis
Contrib: Left Myocard
Due to Empyema

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

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) _____
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 12/27/48

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

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

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.....

Melvin E. Green

Licensed Embalmer No. *4428*

P. O. Address.....

St. Louis, 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.