

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 39492

Registrar's No. 11043

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(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

3. (a) PRINT FULL NAME Stewart Williams

3. (b) If veteran, name war No. 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LILLIAN H WILLIAMS 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased AUGUST 24 1902
(Month) (Day) (Year)

8. AGE: Years 40 Months 4 Days 7 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name GEORGE H WILLIAMS
13. Birthplace MO (City, town, or county) (State or foreign country)
14. Maiden name HARRIET C. STEWART
15. Birthplace TENN. (City, town, or county) (State or foreign country)

16. (a) Informant George H. Williams
(b) Address 9438 Clayton Rd.
17. (a) REMOVAL (b) Date thereof Dec 31-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALIFORNIA, MO
18. (a) Signature of funeral director P. Mullen and Co
(b) Address 5165 Delmar Pl.
19. (a) DEC 31 1942 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County W. MO.
(c) City or town CALIFORNIA (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1942 hour 8 minute 40 a. m.
21. I hereby certify that I attended the deceased from Oct. 10, 1942, to Dec. 31, 1942, that I last saw him alive on Dec 31, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration
Metastatic carcinoma (?)
to brain
Carcinoma of
undetermined primary site

Due to Metastatic carcinoma (?)
Due to Carcinoma of
undetermined primary site
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Biopsy of tumor of
chambers revealed malignant
tumor of unknown origin
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

23. Signature J. F. Brudack (M. D. or other)
Address BARNES HOSPITAL Date signed 12/31

JAN 26 1954

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.....

W. J. Harris

Licensed Embalmer No.....

3384

P. O. Address.....

S. H. Harris

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.