

10 1938

REC'D JAN 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44411
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 704
 (b) Township St. Ferdinand 2 Primary Registration District No. 200 Registered No. 2018
 (c) City Bridgeton 1 (d) Street No. Bridgeton station Road St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 452 Stella Marie Williams
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or 5 min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co Missouri 0

FATHER
 13. NAME James O. Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshfield Missouri 0

MOTHER
 15. MAIDEN NAME Lucy Norman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Missouri 0

17. INFORMANT (ADDRESS) James O Williams, Bridgeton station Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Wid Lebanon Cemetery DATE Dec 10 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baumman Bros, Overland Missouri

20. FILED DEC 10 1938 Ill. Meyer M.D. H.S.P. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9th 1938

22. I HEREBY CERTIFY, that I attended deceased from Dec. 9th 1938, to Dec. 9th 1938, 1938
 I last saw him alive on Dec. 9th 1938, 1938 Death is said to have occurred on the date stated above, at 7:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Primarily Birth (5 months gestation)

Date of onset 12.9.38

Other contributory causes of importance: 159

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) H. J. Coffman, M. D.
 (Address) Pattonville, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10. FM.

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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, _____

Earl J. Hillman

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Earl J. Hillman*

Licensed Embalmer No. 3501

P. O. Address enclosed

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, above space should be left blank.