DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44630

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2299

1. PLACE OF DEATH:

(a) County St. Louis 2

(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9923 Brook (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 St. Louis

(c) City or town Lemay (If outside city or town limits, write "RURAL")

(d) Street No. 9923 Brook (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jo Ann Williams 457

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Dec. (Month) 23 (Day) 1939 (Year)

8. AGE: Years | Months | Days | If less than one day 7 hr. 30 min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name James Williams
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ester Schneider
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature James W Williams

(b) Address 9923 Brook

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-39 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 744 Lemay Ferry

19. (a) DEC 28 1939 (Date received local registrar) (b) R. Meyer M. Dahl H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1939 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 23, 1939, to Dec 23, 1939; that I last saw her alive on Dec 23, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity Born in the 6th month of gestation	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Owen J. McGauss (M. D. or other) MD

Address 7606 Michigan Date signed 12/27/39

(Licensed Embalmer's Statement on Reverse Side)

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.

28 1939

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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 Wilson Collins

Licensed Embalmer No. 3887

P. O. Address Solons Me

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

If this body is not embalmed, above space should be left blank.