

No. 2  
1-4-41  
17-39  
X25

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **26890**  
**6682**  
Registrar's No. \_\_\_\_\_

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

Registration District No. **791**  
Primary Registration District No. \_\_\_\_\_

**FILED SEP 17 1941**  
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 **2 days** (Specify whether years, months or days)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jefferson**  
(c) City or town **Desoto**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **South 2nd St.** (If rural, give location)  
(e) Citizen of foreign country? **+** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Shirley Marie Williams**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **8** day **15** year **1941** hour **9** minute **15 a. M.**  
21. I hereby certify that I attended the deceased from **8-13** 19**41** to **8-15** 19**41**;  
that I last saw her alive on **8-15** 19**41**;  
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **Infant**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: **5** **16** **41**  
(Month) (Day) (Year)

Immediate cause of death **marasmus**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**3** **1** \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Infant**

11. Industry or business \_\_\_\_\_

12. Name **Victor Williams**

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

14. Maiden name **Waters**

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

16. (a) Informant **Victor Williams**

(b) Address **South 2nd St Desoto**

17. (a) **Burial** (b) Date thereof **Aug 16-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Desoto, Mo**

18. (a) Signature of funeral director **Desoto, Mo**

(b) **AUG 15 1941**  
19. (a) (Date received local registrar) (b) **J. V. Brudick** (Registrar's signature)

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 **R. J. Pfeiffer** (M. D. or other) **D**  
Address **507 W. Murphy** Date signed \_\_\_\_\_

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

**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.....  
.....  
working under my personal supervision.

Signed

*W E E Nothman*

Registered Apprentice No.....

Licensed Embalmer No.

*3531*

P. O. Address.....

*Le Sueur*

**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.**