

No. 2
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-5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1947
1943-175

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7142
2289
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co. Mo.
(c) City or town St. Louis
(d) Street No. 1809 7th St. Memorial
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME SHARON WILLIAMS

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. July 6 1946 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 28 hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name Evert Williams

13. Birthplace St. Louis Mo. (City, town, or County) (State or foreign country)

14. Maiden name Marie Sammons

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

16. (a) Informant Evert Williams (b) Address 1809 7th St. St. Louis Mo.

17. (a) Burial (b) Date thereof 3-6-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Minto gro.

18. (a) Signature of funeral director Mrs. Luther Spahr

(b) Address Paper Mo.

19. (a) MAR 6 1947 (b) G. F. Predeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1947 hour 10:05 minute A M.

21. I hereby certify that I attended the deceased from 2/19/47 to 3/4/47 that I last saw her alive on 3/4/47 and that death occurred on the date and hour stated above.

Immediate cause of death
1. Cardiac Decompensated?
2. Diabetic etiology un-determined
Due to 3. Bilateral Otitis Media
+ possible acute meningitis?
Other conditions: (include pregnancy within 3 months of death) retentive?

Major findings:
Of operations: 119
Of autopsy: 119

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? J. F. Predeck
23. Signature 1515 Lafayette 3/4/47 (M.D. or other) Date signed

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

MOTHER FATHER

MAR 6 1947

(Licensed Embalmer's Statement on Reverse Side)

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.....

Murphy L Sparks

Licensed Embalmer No.....

4236

P. O. Address.....

Hot River, 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.