

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's 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 43 min years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1521 Graham St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Williams
3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 26 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 43 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name Albert A. Williams
13. Birthplace Davisville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ruby Ethel Peterson
15. Birthplace Crocker Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Albert A. Williams
(b) Address 1521 Graham
17. (a) Burial (b) Date thereof 6 28 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co
(b) Address 4228 So. Kingshighway Bl.
19. (a) JUN 27 1947 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1947 hour 12 minute 35 A.M.
21. I hereby certify that I attended the deceased from June 26
1947 to June 27, 1947;
that I last saw her alive on June 27, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death: Strangulation due to short umbilical cord around neck
Due to infant lived 43 minutes after birth
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 _____
3. Signature C. H. Lindeman (M. D. or other) M.D.
Address 4126 S. Skerr Date signed 6/27/47

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

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..... *Richard W. Stovesand*
Licensed Embalmer No. *4007*
P. O. Address.....

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.