

No. 300  
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5-17-39  
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#82880  
FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10832**  
Registrar's No. **2897**

FILED APR 12 1948 **318**  
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(c) Name of hospital or institution: **St. Louis City Hospital-Max O. Starkloff Memorial**  
(d) Length of stay: In hospital or institution **4 weeks**  
In this community **4 weeks**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
Street No. **1318<sup>a</sup> Lynch Street**  
(d) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Donald Williams**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **24th**  
year **1948** hour **9** minute **30** A.M.  
21. I hereby certify that I attended the deceased from **2/24/48**  
to **March 24th, 1948**  
that I last saw him alive on **March 24th, 1948**  
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **S**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **February 24 1947**

Immediate cause of death \_\_\_\_\_  
**Prematurity and diarrhea of undetermined cause**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **119**

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

9. Birthplace **St. Louis Missouri**  
10. Usual occupation **Infant**

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Jasper Williams**  
13. Birthplace **Missouri**  
14. Maiden name **Clara Dietrich**  
15. Birthplace **Missouri**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Clara Williams**  
(b) Address **1318<sup>a</sup> Lynch Street**  
17. (a) **Burial** (b) Date thereof **3-25-48**  
(c) Place: burial or cremation **New St. Marys Cem**  
18. (a) Signature of funeral director **A W McLaughlin**  
(b) Address **2301 E. Fagnette Ave**  
19. (a) **MAR 24 1948** (b) **D. J. Bredek**

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? \_\_\_\_\_  
23. Signature **Miss P. H. ...**  
Address **1515 Lafayette** Date signed **3/24/48**

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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     *C W Cooper*    

Licensed Embalmer No.     *2830*    

P. O. Address     *2301 Fayette*    

**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.**