

S. No. 2
1-147
5-17-39

FEDERAL BUREAU OF INVESTIGATION
STANDARD CERTIFICATE OF DEATH

State File No. 14784
Registrar's No. 3997

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948 318
Registration District No.

Primary Registration District No.

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

60
17
19

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... SAINT LOUIS, MISSOURI
(c) Name of hospital or institution..... DE PAUL HOSPITAL
(d) Length of stay: In hospital or institution..... 1 DAY
In this community..... LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State..... MISSOURI
(b) County.....
(c) City or town..... OVERLAND, (RURAL)
(d) Street No..... 3210 AIRWAY AVENUE
(e) Citizen of foreign country?..... NO
If yes, name country.....

3. (a) PRINT FULL NAME..... MAE ANNA WILLIAMS
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 26th
year 1948 hour 4 minute 00 P.M.

4. Sex..... FEMALE
5. Color or race..... WHITE
6. (a) Single, widowed, married, divorced..... MARRIED
6. (b) Name of husband or wife..... GEORGE C. WILLIAMS
6. (c) Age of husband or wife if alive..... 50 years
7. Birth date of deceased..... MAY 11th, 1901

21. I hereby certify that I attended the deceased from 4-21-48
to 4-26 1948
that I last saw her alive on 4-26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... cerebral hemorrhage.

8. AGE: Years 46 Months 11 Days 15
If less than one day..... hr. min.

Due to..... malignant hypertension

9. Birthplace..... SAINT LOUIS, MISSOURI
10. Usual occupation..... HOUSEWORK

Other conditions.....
Due to.....

11. Industry or business.....
12. Name..... JOHN SMITH
13. Birthplace..... IOWA
14. Maiden name..... BETTY DIETRICH
15. Birthplace..... CARLINVILLE, ILLINOIS

Major findings: Of operations.....
Of autopsy.....

16. (a) Informant..... MR. GEORGE C. WILLIAMS
(b) Address..... 3210 AIRWAY AVE., OVERLAND, MO.
17. (a) BURIAL (b) Date thereof..... 4/29/48
(c) Place of burial or cremation..... MEMORIAL PARK CEMETERY

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?..... (e) Means of injury.....

18. (a) Signature of funeral director..... CALVIN F. FEUTZ
(b) Address..... 4828 NATURAL BRIDGE BOULEVARD
19. (a) APR 28 1948 (b) J. F. Bradeck (c) Registrar's signature

23. Signature..... J. F. Bradeck (M. D. certifying)
Address..... 608 Kingsland Date signed 4-27-48

Duration 6 days.

PHYSICIAN
Underline the cause of which death should be charged statistically.

DELMAR GARDEN BLDG
608 KINGSLAND AVENUE.
CABANY 8400

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 John A. Mlinar
Licensed Embalmer No. 4186
P. O. Address St. Louis 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.