

FILED SEP 20 1948 18

Registration District No.

Primary Registration District No. **1003**

Registrar's No.

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. Ann's Children's Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2911a North 11th Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lee Edward Williams

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

4. Sex Male 5. Color or race White 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 25th, 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 14 hr. min.

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

10. Usual occupation Infant

MOTHER FATHER
12. Name Kenneth Williams,
13. Birthplace Missouri,
14. Maiden name Margaret Basley,
15. Birthplace St. Louis
(City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Williams,
(b) Address 2911a North 11th Street,

17. (a) Burial (b) Date thereof Sept. 11th, 1948
(Burial, cremation, or removals) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director H. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.,

19. (a) SEP 10 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 48 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-24-48 to 9-9-48
that I last saw him alive on 9-9-48 and that death occurred on the date and hour stated above.
Duration

Immediate cause of death Congenital Heart Disease

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 157

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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature Dr. P. H. ... (M. D. or other)

Address 500 So. Lincoln Highway Date signed.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

Don L. Thurston

WRITE PLAINLY—USING 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.....

Licensed Embalmer No. *4003*

P. O. Address *St. Louis*

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.