

No. 3906
10-47
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 1 1948
U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31540**
Registrar's No. **8264**

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**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **HOMER S. PHILLIPS I**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3: (a) PRINT FULL NAME **SADIE LEE WILLIAMS**
Sadie Lee WILLIAMS
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **Female** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **Sept. 26 1917**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 11 20 hr. min.

9. Birthplace **WABASH ARK.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **HARRISON THOMPSON**
13. Birthplace **WABASH ARK.**
(City, town, or county) (State or foreign country)
14. Maiden name **HATTIE THOMAS**
15. Birthplace **SHREVEPORT LA.**
(City, town, or county) (State or foreign country)

16. (a) Informant **HATTIE WHITTEN**
(b) Address **KINLOCH, MO**

17. (a) **BURIAL** (b) Date thereof **9 22 48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **WASHINGTON, PK.**

18. (a) Signature of funeral director **Peoples Und. Co**
(b) Address **3100 Franklin Ave.**

19. (a) **SEP 21 1948** (b) **J. F. Braxton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **DOU 17**
(c) City or town **ST LOUIS 7**
(If outside city or town limits, write "RURAL")
(d) Street No. **4517 New Berry Jr.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **16**
year **1948** hour **6:07** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Several Instances**
Following Abortion
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) **140**

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

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) (c) Means of injury **2**
23. Signature **John S. Jones**
Address **Chicago, Ill. 9/21/48**

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.....

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.