

No. 2
9-4-41
1-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28225

FILED JUL 31 1943

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1727

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATION HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SANDRA LEE WILLIAMS

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

4. Sex Female 5. Color or race White 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 July 26 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>21 hr. 30 min.</u>

9. Birthplace Jefferson Barracks Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Arnold Treadwell Williams

13. Birthplace Brentwood New York
(City, town, or county) (State or foreign country)

14. Maiden name Vivian Alice Weinhold

15. Birthplace Whittenberg Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mother and Clinical Record

(b) Address 4122a S. Grand, St. Louis, Mo.

17. (a) Burial (b) Date thereof 7-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia

18. (a) Signature of funeral director Bertram J. Jones

(b) Address 1936 1/2 Lower in

19. (a) JUL 29 1943 (b) P. McParry, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1943 hour 11 minute 15 AM.

21. I hereby certify that I attended the deceased from 2:45 PM July 26 1943 to 11:15 AM July 27 1943; that I last saw her alive on July 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Prematurity 2 1/2 months

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration _____

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 _____ (Specify type of place)

23. Signature Edwin P. Solomon, Capt. (M. D. or other) MD
Address Sta. Hosp: Jeff. Bks, Mo. Date signed 7/27/43

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.....

No Embalming

....., Registered Apprentice No.

..... working under my personal supervision.

Signed.....

Charles W. Radwin

Licensed Embalmer No.

506

P. O. Address.....

1936 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26225
Registrar's No. 1727

Registration District No. 317 Primary Registration District No. 4076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Sandra Lee Williams

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

4. Sex F 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

7. Birth date of deceased July 26 1943
(Month) (Day) (Year)

8. AGE: Years Months Days Unless than one day min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) E. G. Mc Garrison, Jr. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County Mo.
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4122a S. Grand
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1943 hour 12 minute 00 M.

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

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

5-26225