

FILED SEP 8 1944

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7356

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution newborn
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME

Baby Williams

3. (b) If veteran,

name war. ---

3. (c) Social Security

No. ---

4. Sex female / race white / 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 June 25th, 1944
(Month) (Day) (Year)

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

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

10. Usual occupation nil

11. Industry or business ---

12. Name Albert Williams

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

14. Maiden name Yvette Williams

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

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) Burial (b) Date thereof 8-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director James Lewis

(b) Address St. Louis City

19. (a) AUG 28 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL") 17
(d) Street No. 2503 Howard St. (If rural, give location) 9 20
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 25th
1944, to June 27th, 1944;
that I last saw h. er alive on June 27th, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 159

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 K.R. Schlademan (M. D. or other) 0

Address 1515 Lafayette Date signed 8/27/44

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

MOTHER FATHER

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.