

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29669

Registration District No. 318 Primary Registration District No. Registrar's No. 7770

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: Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 4 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 020
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4136 Finney Ave
11 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby Williams
3. (b) If veteran, name war. No. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 9th 1947
year 1947 hour 7:50 PM minute M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 9-1947 years
7. Birth date of deceased Aug 9-1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 9th 1947 to 8-13 1947
that I last saw her alive on 8-13 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 4 hr. min.

Immediate cause of death Asphyxia Neonatorum
Due to Probably due to Birth Injury
Due to

9. Birthplace St. Louis mo
(City, town, or county) (State or foreign country)
10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business
12. Name Earl Williams
13. Birthplace Miss
(City, town, or county) (State or foreign country)
14. Maiden name Gold King
15. Birthplace Miss
(City, town, or county) (State or foreign country)

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

16. (a) Informant Earl Williams
(b) Address 4136 Finney Ave
17. (a) Burial (b) Date thereof 8-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

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?

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave
19. (a) AUG 15 1947 (b) J. F. Blaseck
(Date received for burial) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury
23. Signature Edmond F. Noel (M. D. or other)
Address 2221 Forest St Date signed 8-14-47

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

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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.....

Not Embalmed -....., Registered Apprentice No.....

working under my personal supervision.

Signed: *Louis V. Atkins*.....

Licensed Embalmer No. *2842*.....

P. O. Address. *3644 Finney av*.....

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.