

U.S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

14861

FILED APR 30 1948
Registration District No. 517

Primary Registration District No. 3063

State File No. _____
Registrar's No. 1052

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY
(Specify whether _____)
In this community 39 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis Co.
(c) City or town BRENTWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. 8750 SUBURBAN
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME HELEN WILLIAMS
3. (b) If veteran, name war _____
3. (c) Social Security No. 489-01-0940

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 24
year 1948 hour 5 minutes 55 A.M.
21. I hereby certify that I attended the deceased from April
23, 1948 to April 24, 1948
that I last saw her alive on April 24, 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife BEN WILLIAMS
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 9 1908
(Month) (Day) (Year)

Immediate cause of death possible cerebro-vascular accident
Duration _____
Due to ??? 830
Due to _____

8. AGE: Years Months Days If less than one day
39 5 15 hr. min.

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.

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

10. Usual occupation MANAGER

11. Industry or business MULTACK'S CLEANERS

12. Name P. J. AUER

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

14. Maiden name SOLIA BRANT

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

16. (a) Informant EDNA JOHNSON

(b) Address 8750 SUBURBAN

17. (a) BURIAL (b) Date thereof 4-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director KRIEGSHAUSER MORT.

(b) Address 4778 S. KING HIGHWAY

19. (a) 4-24-48 (b) Paula J. [unclear]
(Date received local registrar) (Registrar's signature)

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 Pom Passante (M. D. or other)
Address 601 BRENTWOOD BLVD Date signed 7/24/48

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 Richard W. Stoverand

Licensed Embalmer No. 4007

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.