FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21480

Registrar's No. 5300

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis, Ill.
(If outside city or town limits, write "RURAL")
(d) Street No. 1630 Piggott Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

994
11
02

3. (a) PRINT FULL NAME Sarah Williams
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 7 (Day) 1948 (Year)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) O
10. Usual occupation Infant
11. Industry or business None
FATHER
12. Name Willie Williams
13. Birthplace Unknonw (City, town, or county) Ark. (State or foreign country) 1
MOTHER
14. Maiden name Ruth Williams
15. Birthplace Watervalley (City, town, or county) Miss. (State or foreign country) 1
16. (a) Informant Willie Williams
(b) Address 6550 Rhodes, Chicago, Ill.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof June 10, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill.
18. (a) Signature of funeral director J. Marshall
(b) Address 2205 Mo. Ave. E. St. Louis, Ill
19. (a) JUN 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8th year 1948 hour 1 minute 02 A. M.
21. I hereby certify that I attended the deceased from June 7, 1948, to June 8, 1948; that I last saw her alive on June 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury O
23. Signature Alfred Bordthomsole (M. D. or other)
Address 360 A. S. 15th St. Date signed 6/8/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT

NOT EMBALMED

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 Me

..... Registered Apprentice No.....

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ill

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.