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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 38793
Registrar's No. 9798

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7601 Virginia Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Williams, Ada
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 widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 20th 1879 (Month) (Day) (Year)

8. AGE: 69 Years Months 9 Days 20 If less than one day hr. min.

9. Birthplace Traskwood (Salines Co.) Ark. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Alexander Kramer
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Elmer W. Williams- Son
(b) Address 7601 Virginia Ave.,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Int. Friedens Cem.
18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 2849 North Euclid Avenue,
19. (a) NOV 12 1948 (Date received local registrar) (b) J B Lavater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-10-48 day year hour 4 minute 30 P M.
21. I hereby certify that I attended the deceased from 11-8, 1948, to 11-10, 1948; that I last saw her alive on 11-10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	2 days
Due to hypertensive cardio-vascular disease	
Due to	
Other conditions Pericarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy congestion of spleen, liver, kidneys & pericarditis

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Geo. E. Thomas M.D. (M. D. or other)
Address 1324 S. Grand Date signed 11-11-48

(Licensed Embalmer's Statement on Reverse Side)

DR. NELSON

'FIRMIN DESLOGE HOSP

8626

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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.....

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

working under my personal supervision.

Signed Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.