FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 18 1949 318
Registration District No.

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42723
Registrar's No. 11393

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: Lutheran 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 62 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 46 Log Cabin Lane 4
(If rural, give location)
N. R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Williams
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 Married
6. (b) Name of husband or wife Ed Williams
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased October (Month) 23 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	2	5	hr. min.

9. Birthplace Grubville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Lewis
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Jane Maupin
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant John W. Williams
(b) Address 44 Log Cabin Lane, Webster Groves
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cemetery Grubville, Mo.
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr., Kirkwood
19. (a) DEC 31 (Date received local registrar) (b) J. B. Lasater (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 1948 hour 6 minute 35 P.M.
21. I hereby certify that I attended the deceased from 1942
—, 19—, to 12/28, 1948
that I last saw her alive on 12/28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 hr.
Due to: Essential hypertension	6 yrs.
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

23. Signature G. O. Gauss per Hugh R. Smith M.D. (M. D. or other) M.D.
Address 607 N. Grand Date signed 12/29/48

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

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

11393

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) M

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.