

FILED MAR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 6900

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 385-

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy			
c. LENGTH OF STAY (In this place) 11 days		d. STREET ADDRESS (If rural, give location) 3715 St. Ann's Lane			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle) Williams	c. (Last) Williams	(Month) 2	(Day) 17	(Year) 1949

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-18-1874	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 29	IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Memphis, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. Williams	13b. MOTHER'S MAIDEN NAME Eveline Smith	14. NAME OF HUSBAND OR WIFE Ida Workerham D'Co.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME St. Louis County Hospital Records	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gastro intestinal hemorrhage undetermined cause</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>55-78X</i> DUE TO (c) <i>General arteriosclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 123	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 6, 1949, to Feb. 17, 1949, that I last saw the deceased alive on Feb. 17, 1949, and that death occurred at 1:55a m., from the causes and on the date stated above.

23a. SIGNATURE <i>John F. James, M.D.</i>	(Degree or title)	23b. ADDRESS <i>601 S. Brentwood Clayton</i>	23c. DATE SIGNED <i>2-17-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-20</i>	24c. NAME OF CEMETERY OR CREMATORY <i>FEEFEE CEMETERY</i>	24d. LOCATION (City, town, or county) (State) <i>PATTONVILLE MO</i>
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DATE REC'D BY LOCAL REG. <i>2-18-49</i>	REGISTRAR'S SIGNATURE <i>Shirley L. Jones MO</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>BAUMANN BROTHERS</i>	ADDRESS <i>OVERLAND</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo

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.