

FILED MAY 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14297
Registrar's No. 3560

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>11</u> 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillip Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2601 N. Whittier <u>1221 N 14 St</u></u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Matilda</u> b. (Middle) <u>Williams</u> c. (Last) <u>Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4/16/49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 5, 1874</u>
9. AGE (In years last birthday) <u>75</u>		10. KIND OF BUSINESS OR INDUSTRY <u>House</u>	11. BIRTHPLACE (State or foreign country) <u>LA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		12. CITIZEN OF WHAT COUNTRY? <u>11</u> Hours <u>11</u> Min.	
13a. FATHER'S NAME <u>John Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Mc Gallion</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rev J. W. Williams</u> ADDRESS <u>1221 N. 14 th</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> <u>Fracture neck of left femur.</u> DUE TO (b) <u>suffered when descended jell down two wooden steps at</u> DUE TO (c) <u>her home 1221 N 14th</u> II. OTHER SIGNIFICANT CONDITIONS <u>on Mar 16 1949 at about 8:30am</u> Interval between onset and death <u>cont'd</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo 186</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 16 49 8:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>9pm</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above. <u>77</u>	
23a. SIGNATURE <u>Catriel E Taylor Coroner</u> (Degree or title)		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>4-20-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>4-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenville Mississippi</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman J. Smith</u> ADDRESS <u>4247/w Labadie</u>	
DATE REC'D BY LOCAL REG. <u>APR 20 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	

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.

Signed James A. Edmondson

Signed.....
Student Embalmer

Licensed Embalmer No. 4341

P. O. Address Thair New

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.