

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25492

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1521

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 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 3	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton () c. LENGTH OF STAY (in this place) ()		d. STREET ADDRESS (If rural, give location) 6254 Pershing Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co Hospital			

3. NAME OF DECEASED (Type or Print) CHARLES	a. (First) Bell	b. (Middle)	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) June 25 1949
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5. SEX Male ()	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH July 1 1870	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Judge of Circuit Court	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Buena Vista, Mississippi /	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME U S Williams	13b. MOTHER'S MAIDEN NAME Martha Pulliam	14. NAME OF HUSBAND OR WIFE Lorena McIntosh Williams
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. B. Williams	ADDRESS 6254 Pershing
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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, asphyxia, 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) Severe Cerebral Concussion		
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) J	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Anticoagulant (quill) 3b	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Pedestrian	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) UNIVERSITY CITY - ST. LOUIS - MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JUNE 25 1949 7:15 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? STUCK BY STREET CAR 134
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22. I hereby certify that I attended the deceased from **6-25-1949**, to **6-25-1949**, that I last saw the deceased alive on **6-25-1949**, and that death occurred at **7:55 P.M.** from the causes and on the date stated above.

23a. SIGNATURE John J. Heggum M.D. (Degree or title)	23b. ADDRESS 6015 Brentwood, Clayton	23c. DATE SIGNED 6-26
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24a. BURIAL, CREMATION REMOVAL (Specify) Interment	24b. DATE 6/28/49	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.
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DATE REC'D BY LOCAL REG. 6/27/49	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C R Lupton & Sons	ADDRESS 7233 Delmar
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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3

C.R.Lupton & Sons

Undertaking Co.

Address

7233 Delmar Blvd.

St. Louis, Mo.

EMBALMER'S CERTIFICATION

I hereby cert.

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described corpse:

Full name Judge Charles B. Williams.

Race W.

Place and date of death 6254 Pershing June 25, 1949

Physician (or Coroner) signing Certificate County Coroner

Place and date of Embalming 7233 Delmar Blvd; June 25, 1949

Remarks

Signed

Arnold W. Schoene

Missouri License No.

3864

working under m:

Student

Note: The a
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