

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32330

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7983

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY 600	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 19 3860 DELMAR BLVD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3860 DELMAR BLVD		3. NAME OF DECEASED a. (First) ALBURSE b. (Middle) - c. (Last) WILLIAMS	
4. DATE OF DEATH (Month) (Day) (Year) SEPT. 13 1949		5. SEX MALE	
6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH FEB 7, 1896		9. AGE (In years last birthday) 53 YRS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY TAVERN	
11. BIRTHPLACE (State or foreign country) NEW PORTAIN, MISS.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME MAJOR WILLIAMS		13b. MOTHER'S MAIDEN NAME GREASY EVANS	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALBURSE WILLIAMS 1100 N. LEFF.	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Genic Carcinoma (Cancer) INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) 2. 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 none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) HT. MO	
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? 16' 2" X		22. I hereby certify that I attended the deceased from 6/23, 1949 to 9/13, 1949, that I last saw the deceased alive on 9/13, 1949, and that death occurred at 5:24 a.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) J. J. Taylor M.D.		23b. ADDRESS 3136 Chautauque	
23c. DATE SIGNED 9/13/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 9-19-49		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK cem. ST. LOUIS, ETY.	
24d. LOCATION (City, town, or county) (State) MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. J. Walton 2707 Stoddard St	
DATE REC'D BY LOCAL REG. SEP 15 1949		REGISTRAR'S SIGNATURE J. B. Laster	

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

OCT 20 1949

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

Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.