

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

35707

State File No.

BIRTH NO. _____ REG. DIST. NO. _____ PHILIPPS HOSPITAL 1003 Registrar's No. **9407**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <i>St. Louis</i>		a. STATE <i>Missouri</i>	b. COUNTY
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>4400 Washington Ave</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <i>Rudolph</i>	b. (Middle) <i>D</i>	c. (Last) <i>Williams</i>	(Month) <i>Oct.</i>	(Day) <i>30</i>
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>
8. DATE OF BIRTH <i>June 18, 1900</i>		9. AGE (In years last birthday) <i>49</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Insurance Agent</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Atlanta Life Ins Gunnison, Mississippi</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Rudolph D. Williams</i>		13b. MOTHER'S MAIDEN NAME <i>Lottie Randall</i>		14. NAME OF HUSBAND OR WIFE <i>Louise Williams</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes W. War I</i>		16. SOCIAL SECURITY NO. <i>496-20-9672</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Louise Williams 4400 Washington #</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<i>Hypertensive Heart Disease with</i>		<i>Undet.</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		" "	
		DUE TO (b) <i>right and left ventricular Failure</i>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>93</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H43X</i>	

22. I hereby certify that I attended the deceased from *10-29*, 19*49*, to *10-30*, 19*49*, that I last saw the deceased alive on *10-30*, 19*49*, and that death occurred at *3:25 Pm.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>James J. Hedrick M. D.</i>		23b. ADDRESS <i>2601 N Whittier St</i>		23c. DATE SIGNED <i>10-31-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11/5/49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>C.W. Roberts</i>		ADDRESS <i>1416 N. Taylor Ave.</i>	

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

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.....

Annie Roberts

Licensed Embalmer No. *4439*

P. O. Address *1416 N. Taylor*

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.