

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35755

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4270

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Clayton</b> )		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Eureka</b> )	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <b>303 Riverside</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Marcus</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Williams</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 29, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 9, 1884</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>20</b>	IF UNDER 4 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Painter</b>	11. BIRTHPLACE (State or foreign country) <b>Salem, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>James Williams</b>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <b>Elvie Williams</b>
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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) <b>No</b>	16. SOCIAL SECURITY NUMBER <b>496-14-8670</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Elvie Williams, Eureka, Mo</b>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>intracranial hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cerebral embolism</b>		<b>10 days</b>
	DUE TO (c) _____		<b>8-8-1949</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>pneumonia, bronchitis</b>		<b>4 days</b>

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) <b>Pending</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Public Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Eureka St. Louis Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-19-49 5:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto collision</b>
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22. I hereby certify that I attended the deceased from **10-19-1949**, to **10-29-1949**, that I last saw the deceased alive on **10-29-1949**, and that death occurred at **2:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Stephen J. M.D.</b> (Degree or title)	23b. ADDRESS <b>6011 Brentwood Clayton</b>	23c. DATE SIGNED <b>10/31/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/1/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-31-49</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Bopp</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Bopp Inc.</b>	ADDRESS <b>Kirkwood, Mo.</b>
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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 Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kathwood 22nd

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.