

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22146

5406

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5406	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis		c. LENGTH OF STAY (In this place) 46 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 810 North Compton			
3. NAME OF DECEASED (Type or Print) Joseph Williams			a. (First) Joseph b. (Middle) Williams c. (Last) Williams			4. DATE OF DEATH: June 15 1950	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 1-Aug 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Steel		11. BIRTHPLACE (State or foreign country) Unknown, Georgia		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mittie		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. D. Jennings, 4429 Washington St. Louis			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Disease				INTERVAL BETWEEN ONSET AND DEATH Undet.			
*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			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Undetermined			
				DUE TO (c) None			
II. 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				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)			
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 133 HX			
22. I hereby certify that I attended the deceased from 6-7, 19 50, to 6-15, 1950, that I last saw the deceased alive on 6-15, 19 50, and that death occurred at 5 p. m., from the causes and on the date stated above.							
23a. SIGNATURE H. D. Jennings				23b. ADDRESS 2601N Whittier St		23c. DATE SIGNED 6-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 22 June 1950		24c. NAME OF CEMETERY OR CREMATORY B.T. Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois	
DATE REC'D BY LOCAL REG. JUN 20 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Boyd Bros, 3704 Finney, St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Memo

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Edward A. Flynn

Signed.....

Student Embalmer

Licensed Embalmer No.

4444

P. O. Address

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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.

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