

FILED SEP 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28797

1003

Registrar's No. 7567

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 7567					
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 3142 Cass					
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G Phillips Hospital											
3. NAME OF DECEASED (Type or Print): a. (First) Francis			b. (Middle) _____			c. (Last) Williams					
4. DATE OF DEATH (Month) (Day) (Year) Sept. 3 1950		5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 5, 1885			
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 3 Days 28		IF UNDER 24 HRS. Hours Min. 		11. BIRTHPLACE (State or foreign country) Columbus, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None			13a. FATHER'S NAME Alfred Harrison			13b. MOTHER'S MAIDEN NAME Sylvia ?		
13c. NAME OF HUSBAND OR WIFE Son Williams			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 ADDRESS Hattie Wallace 1417 Francis		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of right foot				INTERVAL BETWEEN ONSET AND DEATH Undet.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis				DUE TO (c) Undetermined							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None											
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) _____		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? 4501	
22. I hereby certify that I attended the deceased from 9-1-50 , 19 50 , to 9-3- , 19 50 , that I last saw the deceased alive on 9-3 , 19 50 , and that death occurred at 7:30 am. , from the causes and on the date stated above.											
22a. SIGNATURE M. S. Lawrence M. D.						22b. ADDRESS 2601 N Whittier St			22c. DATE SIGNED 9-5-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-7-50		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,					
DATE REC'D BY LOCAL REG. SEP 6 1950		REGISTRAR'S SIGNATURE J. B. Sabater				25. FUNERAL DIRECTOR'S SIGNATURE E. P. Foyce		ADDRESS 1221 N. Grand			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Lawrence Crook

Licensed Embalmer No. 4755

P. O. Address 122/70 Grand

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.