

No. 300  
10. 48

XC-5 FILED SEP 16 1950  
Reg # 86354

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32265

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2124

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS 4070</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ROBERTSON</b>	
c. LENGTH OF STAY (In this place) <b>70 days</b>		d. STREET ADDRESS (If rural, give location) <b>R. R. #11, Box 330</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMIN. HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>GEORGE</b>	b. (Middle) <b>E.</b>	c. (Last) <b>WILLIAMS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9-5-50</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-9-1890</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FEDERAL GUARD</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (State or foreign country) <b>Glendale, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Libby Lathrup</b>	14. NAME OF HUSBAND OR WIFE <b>Beryl Williams</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes WWI</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Records, Jeff. Brks, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRONCHOGENIC CARCINOMA</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>162X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>163X</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>3:30 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-22**, 19 **50**, to **9-5**, 19 **50**, and that death occurred at **1:15P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. E. Stowell</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VA Hospital, Jeff. Brks, Mo.</b>	23c. DATE SIGNED <b>9-6-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 9 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Lebanon</b>	24d. LOCATION (City, town, or county) (State) <b>Pattonville Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-7-50</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Danke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BAUMAN BROS.</b>	ADDRESS <b>2504 Woodson Rd. Overland, Mo</b>
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RWR (Licensed Embalmer's Statement on Reverse Side)

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.....

*Oscar F. Mueller*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo.

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.