

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39180
9994

FILED DEC 1 1950

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State File No. _____
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2759			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home (Phelps)</u>				d. STREET ADDRESS (If rural, give location) <u>1211 Blair Ave 10</u>					
3. NAME OF DECEASED (Type or Print) <u>CAR</u>		a. (First) _____		b. (Middle) <u>RAY</u>		c. (Last) <u>WILLIAMS</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>June 20, 1918</u>			
9. AGE (In years last birthday) <u>32</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>29</u>		IF UNDER 1 HR. Hours _____ Min. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19 50</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Draw, Miss.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Jesse Lee</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA PRICE</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Golden 1211 BLAIR</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES. <u>Cerebral Hemorrhage</u>					
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.									
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? <u>201X</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Nov. 19</u> , 19 <u>50</u> , and that death occurred at <u>5:15 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Cathel C. Taylor, M.D.</u> (Degree or title)				23b. ADDRESS <u>1300 Oak</u>				23c. DATE SIGNED <u>11.24.50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKDALE</u>		24d. LOCATION (City, town, or county) (State) <u>Le MAY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>NOV 24 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. B. Poove 1221 N. Grand</u>			

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

Mildred

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.....

Clarence Brown

Signed.....

Student Embalmer

Licensed Embalmer No. *4755*

P. O. Address *1221 N. 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.