

FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43027

10301

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4423a Arco Ave.		e. STREET ADDRESS (If rural, give location) 4423a Arco Ave.	
3. NAME OF DECEASED a. (First) JOSEPH		b. (Middle) _____	
c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) Dec. 2 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 18, 1890
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS: Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Co. St. Louis, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop Carpenter-Ludlow Saylor Wre		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME Enoch Williams		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Elsie 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. 499-03-1494		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsie Williams 4423a Arco Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia: Chronic Nephritis			
INTERVAL BETWEEN ONSET AND DEATH about 6 months			
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. Carcinoma of stomach (benign) Unknown			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input 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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 592X		22. I hereby certify that I attended the deceased from August, 1950 , to Dec. 2, 1950 , that I last saw the deceased alive on Dec. 1, 1950 , and that death occurred at 6:00A m. , from the causes and on the date stated above.	
23a. SIGNATURE [Signature] (Degree or title) 0		23b. ADDRESS 2632 S. Kingshighway	
23c. DATE SIGNED 11/2/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec. 4, 1950		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		DATE REC'D BY LOCAL REG. _____	
REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	

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

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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..... *Richard W. Stovess*

Licensed Embalmer No. *4007*

P. O. Address.....

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.