

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6810**
Registrar's No. **1271**

FILED FEB 23 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1271**

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

3

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6810		Registrar's No. 1271											
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) b. STATE _____ c. COUNTY _____															
b. CITY (If outside corporate limits, write RURAL and give town 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. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital				e. STREET ADDRESS (If rural, give location) 1940 Dodier St.															
3. NAME OF DECEASED (Type or Print) Katherine Williams			a. (First)			b. (Middle)			c. (Last)										
4. DATE OF DEATH 2-7-51		(Month) (Day) (Year)		5. SEX female			6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married										
8. DATE OF BIRTH April 30-1878			9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Missouri										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____				12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Carl Bieser									
13b. MOTHER'S MAIDEN NAME Mary Stutz				14. NAME OF HUSBAND OR WIFE late John Williams				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no									
17. INFORMANT'S SIGNATURE OR NAME Mrs. G. Oberbeck-1927				ADDRESS Sullivan Av															
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) _____										INTERVAL BETWEEN ONSET AND DEATH _____									
*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) Coronary Sclerosis									
DUE TO (c) Arterio sclerosis										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 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? H201				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 a.m. on _____, 19____, from the causes and on the date stated above.																			
23a. SIGNATURE Catrick E. Taylor (Degree or title) Cornet						23b. ADDRESS 1300 - 24th						23c. DATE SIGNED 2-8-51							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 2-10-1951			24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis County Mo										
DATE REC'D BY LOCAL REG. FEB 8 1951				REGISTRAR'S SIGNATURE J. M. Kerster				25. FUNERAL DIRECTOR'S SIGNATURE Leidner U. ADDRESS 2223 St. Louis Ave.											

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

John P. Buchholz

Signed.....
Student Embalmer

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis Ave*

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.