

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 16 1951

State File No. 17721

920
4

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6057 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LACLEDE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEBANON	
c. LENGTH OF STAY (in this place) 43 YEARS		d. STREET ADDRESS (If rural, give location) 0532	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION EVANGELICAL EMMAS HOME			
3. NAME OF DECEASED (Type or Print) a. (First) GLADYS b. (Middle) MAY c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 29, 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JANUARY 21, 1894
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR 3 Months	IF UNDER 1 HR. 8 Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) JAMAICA (NOW PART OF N.Y. CITY)
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theophilus Storken, ST. CHARLES, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary abscess ? DUE TO (c) Prob. Carcinoma - Lung ? II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163 x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Apr. 23, 1957 , to Apr. 29, 1957 , that I last saw the deceased alive on Apr. 27, 1957 , and that death occurred at 12:05 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joe Jenkins MD		23b. ADDRESS St. Charles, Mo	
23c. DATE SIGNED 5-1-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 1950	
24c. NAME OF CEMETERY OR CREMATORY Emmas Cemetery		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. 5-10-51		REGISTRAR'S SIGNATURE James Hamilton	
25. FUNERAL DIRECTOR'S SIGNATURE Washburn		ADDRESS St Charles Mo.	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 14 1951

RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur C. Bane

Licensed Embalmer No. 3145

P. O. Address St. Charles 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.