

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18885

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3066</u>		Registrar's No. <u>1051</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>X</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u>		c. LENGTH OF STAY (In this place) <u>25 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>10 TOWN St. Louis</u>		<u>2109</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Marine Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>10 4265a St. Louis Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>Julius</u>		a. (First)		b. (Middle) <u>Williams</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 18, 1892</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Order Filler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wagner Elec. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Masie Taulor</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Dovie I. Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. I</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Clinical records of hospital U.S. Marine Hospital, Kirkwood, Mo.</u>			
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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Edema, pulmonary due to circulatory disturbance</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cardiac Insufficiency</u> DUE TO (c) <u>Hypertensive cardiovascular disease</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>(Infarction of myocardium due to coronary thrombosis due to arteritis. Arteriolar nephrosclerosis 3 yrs)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u> <u>5 mo.</u> <u>3 yrs.</u> <u>2 wks.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>same as above.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify) <u>NO</u>		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?			
22. I hereby certify that I attended the deceased from <u>Mar. 22, 1951</u> , to <u>Apr. 16, 1951</u> , that I last saw the deceased alive on <u>Apr. 16, 1951</u> , and that death occurred at <u>9:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. STIMSON, Sr., Surg., USPHS</u>				23b. ADDRESS <u>U.S. Marine Hospital, Kirkwood, Mo</u>		23c. DATE SIGNED <u>4-17-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Apr. 23, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington PK</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
DATE RECD BY LOCAL REG. <u>4/20/51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>English UND. Co</u>		ADDRESS <u>2931 N. ...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Burleson English*

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas*

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.