

STANDARD CERTIFICATE OF DEATH

25503  
 6146

State File No. ....

FILED JUL 26 1951

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>3</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>4 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>2<sup>RD</sup> DOWN St. Louis</b>		<b>2239</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to St. L. City Hosp. #1</b>				d. STREET ADDRESS (If rural, give location) <b>2014 So. Broadway 0</b>			
3. NAME OF DECEASED (Type or Print) <b>ERVIN</b>		a. (First)		b. (Middle) <b>JAMES</b>		c. (Last) <b>WILLIAMS</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 7, 1951</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Duro-Chrome Corp.</b>		8. DATE OF BIRTH <b>June 22, 1930</b>		9. AGE (in years last birthday) <b>21</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
11. BIRTHPLACE (State or foreign country) <b>Bismarck, Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME <b>James Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Clark</b>		14. NAME OF HUSBAND OR WIFE <b>Mary</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>492-32-9596</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Williams 2014 So. Broadway</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fr of skull; Laceration of brain suffered when struck by egg thrown by one of the boys at intersection of Broadway and Marion Streets about 130 am July 7 1951</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>130 am July 7 1951</b>				INTERVAL BETWEEN ONSET AND DEATH <b>0</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Criminal Cerebration</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. INCIDENT (Specify) <b>Criminal Cerebration</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 7 51 130 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E 8129</b>			
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 <b>130A</b> m., from the causes and on the date stated above. <b>25</b>							
23a. SIGNATURE (Degree or title) <b>Walter Ross Corp. Coron</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>7/10/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-10-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUL 10 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin</b>		ADDRESS <b>2301 Lafayette Avenue</b>	

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

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Coroner

*Handwritten mark*

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 *W. G. Farris*

Licensed Embalmer No. *3384*

P. O. Address *St. Louis*

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.