

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25506**
Registrar's No. **5691**

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 Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) 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		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2200 Cass Ave				d. STREET ADDRESS (If rural, give location) 2200 Cass Ave				U	
3. NAME OF DECEASED (Type or Print) Josephine			a. (First)		b. (Middle) Williams		c. (Last)		
4. DATE OF DEATH		(Month) June		(Day) 19		(Year) 1951			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH Feb. 20, 1870			
9. AGE (In years last birthday) 81		# UNDER 1 YEAR Months _____ Days _____		# UNDER 60 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Tenn. /			
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Alfred Kennedy		13b. MOTHER'S MAIDEN NAME Ellen ?			
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME Clara Doom				ADDRESS 4004 Delmar					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) My pertentuous Cardiovascular disease						INTERVAL BETWEEN ONSET AND DEATH unknown	
ANTECEDENT CAUSES		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. no							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H H X					
22. I hereby certify that I attended the deceased from June 18, 1951 , to June 19, 1951 , that I last saw the deceased alive on June 18, 1951 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE L. J. Brooks, MD				(Degree or title)		23b. ADDRESS 2746 Franklin Ave.		23c. DATE SIGNED June 22, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 25, 1951		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) St. Louis, Co.		(State) Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. W. Sater		25. FUNERAL DIRECTOR'S SIGNATURE Russell Und. Co.		ADDRESS 2732 Pine St.					

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

Y.

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 *Clark Young*

Licensed Embalmer No. *3371*

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.