

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25508**  
**6585**

FILED AUG 7 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1002**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>West Virginia</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Williamstown</b> <b>8470</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>603 Central Ave</b> <b>8</b>	
3. NAME OF DECEASED a. (First) <b>MARY</b> (Type or Print)		b. (Middle) <b>GERTRUDE</b>	
		c. (Last) <b>WILLIAMS</b>	
		4. DATE OF DEATH (Month) (Day) (Year) <b>July 19, 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug. 26, 1920</b>
9. AGE (In years last birthday) <b>30</b>		IF UNDER 1 YEAR <b>4</b> MONTHS <b>23</b> DAYS	IF UNDER 1 HR. <b>0</b> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>W A C Sgt.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Army</b>	
11. BIRTHPLACE (State or foreign country) <b>West Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Inez (Unknown)</b>	
14. NAME OF HUSBAND OR WIFE <b>Never Married</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes June 6, 1943</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>U. S. Army Records</b>		ADDRESS _____	
<b>MEDICAL CERTIFICATION</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Camp wound comminuted fracture of skull, suffered in collision of motor car, automobile operated by Chester Thompson, in which deceased was a passenger and bus of Burlington</b>			
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.</b>			
II. OTHER SIGNIFICANT CONDITIONS <b>St. Louis, operated by Clifford Cook intersection of 12th &amp; 15th Street</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Wound about 19.50 am July 19, 1951. SU Accidents</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Accident</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 19 51 12:30 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Car</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>150A m.</b> , from the causes and on the date stated above. <b>26</b>			
23a. SIGNATURE <b>Patricia B Taylor, Coroner</b> (Degree or title)		23b. ADDRESS <b>1300 Clark</b>	
		23c. DATE SIGNED <b>7-20-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/20/51</b>	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Williamstown, W. Va.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 24 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Harster</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Bopp Inc</b> ADDRESS <b>Herkwood</b>	

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

65-859

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 Felix Howard

Signed.....  
Student Embalmer

Licensed Embalmer No. 3034

P. O. Address Kirkwood 2272

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.