S. No. 300
v. 10.48

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

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8308

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 520 So Euwing

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2229
d. STREET ADDRESS (If rural, give location): 22 520 So Euwing 0

3. NAME OF DECEASED (Type or Print)
a. (First): Benela
b. (Middle):
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): Sept 17, 1951

5. SEX: Female 3
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Feb 10, 1905
9. AGE (In years last birthday): 46
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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Miss 1
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: Henry Jackson
13b. MOTHER'S MAIDEN NAME: Jennie Brown
14. NAME OF HUSBAND OR WIFE: Eugene Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Eugene Williams
ADDRESS: 520 So Euwing

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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. Mets to liver & lungs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 170X

22. *I hereby certify that I attended the deceased from* April, 1951, *to* Sept 17, 1951, *that I last saw the deceased alive on* Sept 17, 1951, *and that death occurred at* 11:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. B. Howell M.D.
(Degree or title): D
23b. ADDRESS: 2902 Laclede
23c. DATE SIGNED: 9-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 22/51
24c. NAME OF CEMETERY OR CREMATORY: Father Dickson Cem.
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG. SEP 20 1951
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
MJB

25. FUNERAL DIRECTOR'S SIGNATURE: F. A. Frear
ADDRESS: 4214 Delmar

(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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar

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.