S. No. 300
. 10.48

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32226

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3245

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural
c. LENGTH OF STAY (In this place): 105 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ---
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 25 2257
d. STREET ADDRESS (If rural, give location): Carleton Hotel 7th & Market 1

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

4. DATE OF DEATH (Month): 9 (Day): 14 (Year): 1951

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 2-22-1900
9. AGE (In years last birthday): 51 — 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): laborer
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (State or foreign country): Joplin, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Albert Williams
13b. MOTHER'S MAIDEN NAME: Alice Chambers
14. NAME OF HUSBAND OR WIFE: none
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.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Robert Koch Hospital records — ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic pulmonary tuberculosis — 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): 002X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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?

22. *I hereby certify that I attended the deceased from* 6-1-51, *19*____, *to* 9-14-51, *19*____, *that I last saw the deceased alive on* 9-14-51, *19*____, *and that death occurred at* 10:43 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Ellis S. Lipsitz (Degree or title): M.D.
23b. ADDRESS: Robert Koch Hospital
23c. DATE SIGNED: 9-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9/26/51
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county): St Louis (State): MO

DATE REC'D BY LOCAL REG.: 9-25-51
REGISTRAR'S SIGNATURE: Herbert R. Donks M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: CULLEN + KELLY — ADDRESS: 4386 LINDELL. BL

(Licensed Embalmer) See Statement on Reverse Side)

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

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 Students of Mortuary College, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed James H. Larimer

Licensed Embalmer No. 4142

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.