

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

39924
10124

State File No. _____
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (If 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, MISSOURI		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hosp. #1			e. STREET ADDRESS (If rural, give location) 1607 N. 18TH ST.		
3. NAME OF DECEASED a. (First) JOHN (Type or Print)			b. (Middle) W.		c. (Last) WILLIAMS
4. DATE OF DEATH November 11, 1951 (Month) (Day) (Year)					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	
8. DATE OF BIRTH OCT. 15, 1870		9. AGE (In years last birthday) 81		10. F UNDER 1 YEAR _____ 10. F UNDER 10 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) NOT KNOWN	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME NOT KNOWN	
13c. NAME OF HUSBAND OR WIFE DECEASED		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		14. SOCIAL SECURITY NO. _____	
15. 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.		16. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) Arteriosclerotic heart disease 5+ yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			17. INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 200	
22. I hereby certify that I attended the deceased from Nov. 9, 1951 , to Nov. 11, 1951 , that I last saw the deceased alive on Nov. 11, 1951 , and that death occurred at 5:50 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE John H. Lawton, M.D. (Degree or title)			23b. ADDRESS 1515 Lafayette Ave.		23c. DATE SIGNED 11-12-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 14, 1951		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE J. Paul Smith		24f. ADDRESS 7146 Manchester	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Ronald O. Yohuff

Signed.....

Student Embalmer

Licensed Embalmer No. * *13917*

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.