

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10762
Registrar's No. 2022FILED MAR 24 1952
BIRTH NO. 99449 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town St. Louis, Missouri</u>			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u> <u>20979</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>				d. STREET ADDRESS (If rural, give location) <u>9 H 315 N 2nd</u>					
3. NAME OF DECEASED (Type or Print) <u>CRYSTAL</u>		a. (First)		b. (Middle)		c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 2, 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>Dec 11-1951</u>		9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u>	IF UNDER 12 HRS. Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>Robert Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Isabel Arnold</u>			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 <u>Isabel Williams</u>			ADDRESS <u>St Louis Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown</u>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virus influenza with</u> DUE TO (c) <u>dehydration & vomiting</u>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity & Retrolental Fibroplasia</u>					
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? <u>772.5</u>					
22. I hereby certify that I attended the deceased from <u>12-11-51</u> , 19 <u> </u> , to <u>3-2-52</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3-2-52</u> , 19 <u> </u> , and that death occurred at <u>6:30A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Clifton R. Brooks, M.D.</u>				23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>3-3-52</u>			
24a. BURIAL, CREMATION, REQUIAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friedens</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>				
DATE REC'D BY LOCAL REG. <u>MAR 3 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Riedrich F. W.</u>		ADDRESS <u>8319 Hall Street</u>		

(Licensed Embalmer's 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Robert E. Edwards
Signed

Licensed Embalmer No. 3403

P. O. Address St. Louis, Mo.

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.