

# STANDARD CERTIFICATE OF DEATH

State File No. **14931**  
Registrar's No. **3697**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2219</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>902 N. 21st.</b>	

3. NAME OF DECEASED (Type or Print) <b>John Williams</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 16 1952</b>	
a. (First) <b>John</b> b. (Middle) _____ c. (Last) <b>Williams</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 10, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <b>75.5</b>
		11. BIRTHPLACE (City and State or Foreign Country) <b>Unkown</b>	12. CITIZEN OF WHAT COUNTRY? <b>9.</b>

13a. FATHER'S NAME <b>Unkown</b>	13b. MOTHER'S MAIDEN NAME <b>Hattie Walton</b>	14. NAME OF HUSBAND OR WIFE <b>Hattie Williams</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Rosa Pruitt</b> ADDRESS <b>1220 Blair</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Exfoliative Dermatitis with Avitaminosis</b>		<b>Undet.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b>		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertensive Heart Disease</b>		<b>Undet.</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>7055 D</b>	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? _____

22. I hereby certify that I attended the deceased from **4-6**, 19**52**, to **4-16**, 19**52**, that I last saw the deceased alive on **4-16**, 19**52**, and that death occurred at **1:30p m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lorraine W. Harris</b> (Degree or title) <b>0</b>	23b. ADDRESS <b>2601 N Whittier St.</b>	23c. DATE SIGNED <b>4-17-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>22-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Lemay, Mo.</b>

DATE REC'D BY LOCAL REG. <b>APR 19 1952</b>	REGISTRAR'S SIGNATURE <b>Charles Smith MA</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Kooze</b> ADDRESS <b>1221 N. Grand</b>
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1952 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

Signed *Clarence Adams*

Licensed Embalmer No. 4755

P. O. Address 12217 H. Road

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.