

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23221

No. 300
10-48

XC-None

REG. #103014

State File No.

BIRTH NO. FILED JUL 15 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

Registrar's No. 1755

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2069	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 1738 MAFFITT AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) Ollie b. (Middle) Ernest c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) JUNE 26, 1952
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-25-1912
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN (U.S. Postal Service)	11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Ark.
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JAMES WILLIAMS		13b. MOTHER'S MAIDEN NAME LULA HALL	
14. NAME OF HUSBAND OR WIFE NOLLIE M. WILLIAMS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2	
16. SOCIAL SECURITY NO. 188 10 9853		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., MO.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) NONE DUE TO (c) NONE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 493X	
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)		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 6-24-52 , 19 52 , to 6-26-52 , 19 52 , and that death occurred at 7:10 pm. , from the causes and on the date stated above.			
23a. SIGNATURE EMMETT D. WALL (Degree or title)		23b. ADDRESS M.D. VET. ADM. HOSP., JEFF. BRKS., MO.	
23c. DATE SIGNED 6-27-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-30-52	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri	
DATE REC'D BY LOCAL REG. 6-28-52		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H. Randle & Sons, 3133 Bell, St. Louis, Mo.	

SW (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 _____

S. J. Watson

Licensed Embalmer No. *269 P*

P. O. Address *2769 Chautau*

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.