

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30190

FILED SEP 3-1952

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7726**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4420 Aldine Street	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Richard	b. (Middle)	c. (Last) Williams	(Month) (Day) (Year) August 9, 1952

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 4/14/1900	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	10b. KIND OF BUSINESS OR INDUSTRY McQuay Norris	11. BIRTHPLACE (State or foreign country) Saline Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Richard Williams	13b. MOTHER'S MAIDEN NAME Laura Birch	14. NAME OF HUSBAND OR WIFE Rose Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes Ww I	16. SOCIAL SECURITY NO. 493-09-4436	17. INFORMANT'S SIGNATURE OR NAME Rose Williams	ADDRESS 4420 Aldine
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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) Vasomotor Collapse, Etiology			Undetermined
	ANTECEDENT CAUSES Phenomenon or Thrombosis DUE TO (b) General Paralysis			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 025X
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22. I hereby certify that I attended the deceased from **August 2, 1952**, to **August 9, 1952**, that I last saw the deceased alive on **Aug. 2, 1952**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert J. Erwin (Degree or title) M.D.	23b. ADDRESS 2601 N. Whittier St.	23c. DATE SIGNED August 11, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/15/52	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri
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DATE REC'D BY LOCAL REG. AUG 13 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates	ADDRESS 4107 Finney Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

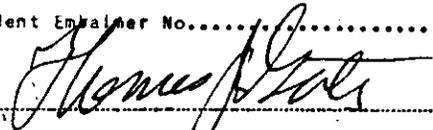
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.

August 21, 1952

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30190

TO THE
Bureau of Vital Statistics
City of St. Louis
Missouri

Dear Sirs:

A Death Certificate was issued on one Richard Williams who died at Homer G Phillips Hospital on August 9, 1952, giving the cause of death as Vasomote Collapse, Etiology - Phenomenon or Thrombosis; (2) General Paresis. I wish to state that the Cause of death should read:

(1) Vasomote Collapse, Etiology -
Embolic Phenomenon or Thrombosis (2) General
Paresis.

I will appreciate it if this correction or addition is made on your Death Certificate.

Yours very truly,

Herbert J. Erwin
Herbert J. Erwin, M. D.
Supervisor,
Neuropsychiatric Service

HJE/r

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