

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 25 1952

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 8274

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i> 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Wentworth Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1013 Cass ave</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i> b. (Middle) <i>P.</i> c. (Last) <i>WILLIAMS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>8-31-52</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>March 1 - 1886</i>
9. AGE (In years last birth?) <i>66</i>		IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>no</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Rolling Mo</i>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>George Woodfin</i>	
13b. MOTHER'S MAIDEN NAME <i>Mattha Neville</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>E Medler</i>		ADDRESS <i>1013 Cass ave</i>	
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Chronic Interstitial</i>	
		DUE TO (c) <i>Nephritis</i>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (d) <i>Arteriosclerosis</i>	
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"/>			
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 <i>592X</i>			
22. I hereby certify that I attended the deceased from <i>7:00 p.m.</i> , to <i>10:00 p.m.</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>9-4-52</i> , and that death occurred at <i>7:00 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Carl Smith</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>9/2/52</i>			
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <i>9-4-52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>St Matthews</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>	
DATE REC'D BY LOCAL REG. <i>SEP 8 1952</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Central</i>		ADDRESS <i>1841 Cass ave</i>	

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

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.