

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40865

State File No. _____

FILED DEC 12 1952

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 10719

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10719		
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 townshp) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give townshp) St. Louis		2189		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 18 519 So. Ewing				
3. NAME OF DECEASED (Type or Print) a. (First) Annie			b. (Middle) Williams		c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) Nov. 17 1952	
5. SEX Female	6. COLOR OR RACE 3- Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow		8. DATE OF BIRTH May 19, 1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____	IF UNDER 12 HRS. Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. COUNTRY OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME Joe Curry		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE nil				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucious Carey 4836 Maffitt Ave.				
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				INTERVAL BETWEEN ONSET AND DEATH Undet.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease				DUE TO (b) Congestive Heart Failure				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.				DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				None				
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) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200				
22. I hereby certify that I attended the deceased from 10-24 1952, to 11-17 1952, that I last saw the deceased alive on 11-17 1952, and that death occurred at 6:45a m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Charles P. Fardel M.D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 11-18-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-22-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo		
DATE REC'D BY LOCAL REG. NOV 2 1 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DeMent & Son 2629-31 Cole St.				

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 *W. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 4575 Aldin

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.