

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40871
Registrar's No. 10388

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 40871		Registrar's No. 10388	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI COUNTY					
b. CITY OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. LOUIS		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2314 CASS AVE				d. STREET ADDRESS (If rural, give location) 2314 CASS AVE.					
3. NAME OF DECEASED (Type or Print) a. (First) VICTORIA		b. (Middle) WILLIAMS		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 11-8-52			
5. SEX F 3	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MAY 12 1889	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISS.		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME UNKNOWN			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 Fred Warden 2314 Cass					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure						INTERVAL BETWEEN ONSET AND DEATH 1 year 1/2	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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"/>	
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)		21f. HOW DID INJURY OCCUR? 4343			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input checked="" type="checkbox"/>							
22. I hereby certify that I attended the deceased from 10 May 1952 to 8 Nov 1952, that I last saw the deceased alive on 8 Nov 1952 and that death occurred at 11:15 m., from the causes and on the date stated above.									
23a. SIGNATURE W. Beaton MD (Degree or title)				23b. ADDRESS 2742 Franklin				23c. DATE SIGNED 10 Nov	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-12-52		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PK		24d. LOCATION (City, town, or county) (State) St LOUIS MO.			
DATE REC'D BY LOCAL REG. NOV 12 1952		REGISTRAR'S SIGNATURE Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WALTER 2707 Stoddard				

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 Arthur L. Heilard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldene

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.