

No. 300  
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Reg.# 101 633

DEAD MAY 27 1952

# STANDARD CERTIFICATE OF DEATH

State File No. **41187**

BIRTH NO.

REG. DIST. NO. **17**

PRIMARY REG. DIST. NO. **6076**

Registrar's No. **1311**

40000

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ROBERTSON</b>	
c. LENGTH OF STAY (In this place) <b>20 days</b>		40700	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HERMAN</b>	b. (Middle) <b>(NMI)</b>	c. (Last) <b>WILLIAMS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 14, 1952</b>
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5. SEX <b>MALE</b>	2/6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>3-23-93</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>HARRISBURG, ARKANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>DAVE WILLIAMS</b>	13b. MOTHER'S MAIDEN NAME <b>MELENDIA HARRIS</b>	14. NAME OF HUSBAND OR WIFE <b>ALICE WILLIAMS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>
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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, <b>sev. minutes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EMBOLISM</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>POST-OPERATIVE ESOPHOGECTOMY</b> DUE TO (c) <b>CARCINOMA OF ESOPHAGUS</b>		<b>5 days</b> <b>6-7 months</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>5-9-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF ESOPHAGUS</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 **4-24**, 19**52**, to **5-14**, 19**52**, and that death occurred at **3:00P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. A. ALLEN</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VA HOSPITAL, JEFF. BRKS, MO.</b>	23c. DATE SIGNED <b>5-19-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-20-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL</b>	24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MO.</b>
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DATE REC'D BY LOCAL REG. <b>5-20-52</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Dombke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A.L. BEAL UNDERTAKING CO., St. Louis, Mo.</b>
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SW (Licensed Embalmer's Statement on Reverse Side)

4301 Belmont

THIS DUPLICATE COPY OF DEATH CERTIFICATE IS FURNISHED TO BEAL UNDERTAKING COMPANY IN ACCORDANCE WITH INSTRUCTIONS OF MR.HARTMAN, OF VITAL STATISTICS DEPARTMENT, ST.LOUIS COUNTY HOSPITAL, CLAYTON, MO.

ORIGINAL ISSUED TO UNDERTAKER MAY 15, 1952 WHICH THEY REPORTED THIS DATE MAY 19, 1952 AS LOST.

56 10/16

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 Leroy U. Barnister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton

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.