

**STANDARD CERTIFICATE OF DEATH** 341

44006

State File No. ....

No. 300

**FILED DEC 30 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 3123

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Glendale</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>365 No. Berry Road</u>	

3. NAME OF DECEASED a. (First) <u>AL BERTA</u> (Type or Print)		b. (Middle)		c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>4</u> (Year) <u>52</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>3-12-1859</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None - at home</u>		11. BIRTHPLACE (State or foreign country) <u>Maysville, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Samuel Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Trimble</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Susannah Williams</u>	
				ADDRESS <u>365 No. Berry</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION <u>Glendale, Mo</u>		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head injury.</u>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
*ANTECEDENT CAUSES <i>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		Fell down stairs in her home while she was going from the first floor to the second floor and struck her head.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>400 9000 21</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Glendale St. Louis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11/4/52 9:05 Pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck her head after falling down stairs.</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold J. Willman</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>12/8/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>12-5-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker-Aldrich Funeral Home</u>	
				ADDRESS <u>Webster Groves</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3

202

OCT 23 1957

JUN 7 1956

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.....

Licensed Embalmer No. ....

P. O. Address.....

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.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (e)		9009	
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?	
22. I hereby certify that I attended the deceased from <u>Dec. 4</u> , 19 <u>52</u> , to <u>Dec 4</u> , 19 <u>52</u> ; that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9 - P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>James B. Jones</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>337 W Lockwood Webster Groves, 19 Mo</u>	
23c. DATE SIGNED <u>Dec 5, 1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-5-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Donker</u>	
				ADDRESS <u>Webster Groves Mo.</u>	

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

*Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Wabster Groves*

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.