

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH45164  
State File No. \_\_\_\_\_ Registrar's No. 12160

FILED JAN 26 1953

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REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003 Registrar's No. 12160

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2217		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>21 2918 Lawton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Williams</u> c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30 1952</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-30-1873</u>		9. AGE (In years last birthday) <u>79</u> If under 1 year: Months   Days If under 1 min.: Hours   Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N/A</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>UNKNOWN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLARA WILLIAMS 2918 LAWTON</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>				DUET. <u>Arteriosclerotic Heart Disease</u>				Undet.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUET. (b)				"
DUET. (c)				DUET. (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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>4200</u>				
22. I hereby certify that I attended the deceased from <u>12-12</u> , 19 <u>52</u> , to <u>12-30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>52</u> , and that death occurred at <u>11:10pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Edward B Williams M.D.</u>				23b. ADDRESS <u>2601 N Whittier St.</u>		23c. DATE SIGNED <u>1-2-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN WOOD</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>			
DATE REC'D BY LOCAL REG. <u>JAN 5 1953</u>		REGISTRAR'S SIGNATURE <u>Charles Smith Md</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bennie Love 3103 Shubington</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

*W. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.