

# STANDARD CERTIFICATE OF DEATH

 State File No. **12530**  
 Registrar's No. **3116**

FILED APR 4 1953

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

Registrar's No.

**I. PLACE OF DEATH**

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION **3124 Hickory****2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).a. STATE **Mo.**

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2189**d. STREET ADDRESS (If rural, give location) **18 3124 Hickory****3. NAME OF DECEASED** (Type or Print)

a. (First)

**JOHN**

b. (Middle)

**NMN**

c. (Last)

**WILLIAMS****4. DATE OF DEATH**

(Month) (Day) (Year)

**March, 20, 1953****5. SEX****Male****6. COLOR OR RACE****Negro****7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)**Married****8. DATE OF BIRTH****April 18, 1896** **56****9. AGE** (In years last birthday)**56**

MONTHS	DAYS	HOURS	MIN.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)**Laborer****10b. KIND OF BUSINESS OR INDUSTRY****Foundry****11. BIRTHPLACE** (State or foreign country)**Mississippi****12. CITIZEN OF WHAT COUNTRY?****U SA****13a. FATHER'S NAME****John Williams****13b. MOTHER'S MAIDEN NAME****Ella Kimbrough****14. NAME OF HUSBAND OR WIFE****Emma Williams****15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)**No****16. SOCIAL SECURITY NO.****NO.****17. INFORMANT'S SIGNATURE OR NAME****Emma Williams - 3124 Hickory****ADDRESS****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.

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a)**ANTECEDENT CAUSES**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

**II. OTHER SIGNIFICANT CONDITIONS**

Conditions contributing to the death but not related to the disease or condition causing death.

**MEDICAL CERTIFICATION****Hypertensive Heart Disease****INTERVAL BETWEEN ONSET AND DEATH****3 yrs****Prob all backround cancer 3-4 mos****19a. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION****20. AUTOPSY?**YES  NO **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**  NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**

**22. I hereby certify that I attended the deceased from March 17, 1953, to March 20, 1953, that I last saw the deceased alive on March 17, 1953, and that death occurred at 4:42 p.m., from the causes and on the date stated above.**

**23a. SIGNATURE**

(Degree or title)

**23b. ADDRESS****23c. DATE SIGNED****24a. BURIAL, CREMATION, REMOVAL** (Specify)**24b. DATE****24c. NAME OF CEMETERY OR CREMATORY****24d. LOCATION** (City, town, or county) (State)**Removal****Mar, 22, '53****Durant, Mississippi****DATE REC'D BY LOCAL REG.****MAR 23 1953****REGISTRAR'S SIGNATURE****J. Earl Smith, M.D.****25. FUNERAL DIRECTOR'S SIGNATURE****English Und, Co. - 1123 N. Taylor**

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 *Wallace R. Williams* .....

Licensed Embalmer No. *4926* .....

P. O. Address *4554 Lexington St. Louis, Mo.* .....

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.