

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **12532**
Registrar's No. **2759**

No. 300
10-48

FILED MAR 31 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.		d. STREET ADDRESS (If rural, give location) 2704 Lawton Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Major	b. (Middle)	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) 3-9-53
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5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 10-14-11	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen'l hauling	10b. KIND OF BUSINESS OR INDUSTRY landscaping	11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Ark.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Willis Williams	13b. MOTHER'S MAIDEN NAME Ivory Shaw	14. NAME OF HUSBAND OR WIFE
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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) no	16. SOCIAL SECURITY 489-18-8025	17. INFORMANT'S SIGNATURE OR NAME Ernestine Wise	ADDRESS 2704 Lawton Ave
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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, asphyxia, 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) Hypertensive Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		
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 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)
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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? 443x
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22. I hereby certify that I attended the deceased from **Jan 1, 1953** to **Mar 9, 1953**, that I last saw the deceased alive on **3.8. 1953**, and that death occurred at **11.4 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter A. Young M.D.	23b. ADDRESS 2337 Market	23c. DATE SIGNED 3/11/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-13-53	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Pine Bluff, Ark.
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DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE MAR 12 1953	25. FUNERAL DIRECTOR'S SIGNATURE Russell Und., Co.	ADDRESS 2732 Pine Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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 James A. Carter
Licensed Embalmer No. PH 481
P. O. Address 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.