

FILED APR 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16372

State File No.

318

1003

3808

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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. 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 Hospital		d. STREET ADDRESS (If rural, give location) 27 2919 a Olive St 0	
3. NAME OF DECEASED (Type or Print) a. (First) Aaron b. (Middle) c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) April 8 1953	
5. SEX Male	6. COLOR OR RACE Cal	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 5, 1888
9. AGE (In years last birthday) 64		10. MONTHS 1	11. HOURS 1
9. AGE (In years last birthday) 64		10. MONTHS 1	11. HOURS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Busch-Meyers Helper		10b. KIND OF BUSINESS OR INDUSTRY American Steel	11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Alex Williams	
13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Mary William	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 499-012734	
17. INFORMANT'S SIGNATURE OR NAME Mary William		ADDRESS 2919 Olive St	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-operative Carcinoma of Lung ANTECEDENT CAUSES DUE TO (b) Undetermined <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> None	
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.		INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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"/>	
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? 123X		22. I hereby certify that I attended the deceased from 3-14 , 19 53 , to 4-8 , 19 53 , that I last saw the deceased alive on 4-8 , 19 53 , and that death occurred at 12 N m., from the causes and on the date stated above.	
23a. SIGNATURE Carl Belle Smith (Degree or title) M. D.		23b. ADDRESS 2601 N. Whittier St	
23c. DATE SIGNED 4-8-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 4-14-53		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis's County Mo		25. FUNERAL DIRECTOR'S SIGNATURE W. D. Richardson	
25. ADDRESS 225 Glasgow		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 11 1953 Carl Smith	

(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 AD Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.