

STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 23 1953

318

1003

Registrar's No. 3898

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>20 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City, 4346</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>7360 Pershing Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>Emmett Arthur Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 14 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 6/17/36</u>		8. DATE OF BIRTH <u>June 18, 1890</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>	IF UNDER 28 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vice President</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>American Brake Shoe Crawford Co., Pa.</u>		11. BIRTHPLACE (State or foreign country) <u>Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Pa.</u>	
13a. FATHER'S NAME <u>Cotton Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy (nee) Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Rice Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>177-03-7024</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Williams, 7360 Pershing Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anuria (primary) Depression</u> ANTECEDENT CAUSES <u>Resection portions sigmoid & ileum</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>metastases to liver</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
19a. DATE OF OPERATION <u>4/1/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>adenocarcinoma sigmoid ileum</u>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>			
22. I hereby certify that I attended the deceased from <u>march 27, 1953</u> , to <u>4/14/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/14/53</u> , 19 <u>53</u> , and that death occurred at <u>3:30A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Freice W. Powers</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>634 N. Grand Blvd.</u>		23c. DATE SIGNED <u>4/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/15/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greendale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Meadville Penn.</u>	
DATE REC'D BY LOCAL REG. <u>APR 15 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambruster Mortuary 6633 Clayton Road</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Ernest W. Spillers

Signed.....

Student Embalmer

Licensed Embalmer No. *14080*

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.