

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20064

FILED JUN 10 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5261**

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, Missouri** c. LENGTH OF STAY (In this place) **8 days**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **BARNES HOSPITAL** j. STREET ADDRESS (If rural, give location) **1414 N. Euclid Avenue**

3. NAME OF DECEASED a. (First) **Reaf** b. (Middle) **NMN** c. (Last) **Williams** 4. DATE OF DEATH (Month) (Day) (Year) **May 23, 1953**

5. SEX **Male** 6. COLOR OR RACE **NEGRO** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **Nov. 18, 1888** 9. AGE (In years last birthday) **64** IF UNDER 1 YEAR Months **6** Days **5** IF UNDER 24 HRS. Hours **5** Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman** 10b. KIND OF BUSINESS OR INDUSTRY **Automobile** 11. BIRTHPLACE (City and State or Foreign Country) **Water Proof, La.** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Walter Williams** 13b. MOTHER'S MAIDEN NAME **Lenora Knapper** 14. NAME OF HUSBAND OR WIFE **Harriett**

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. **--** 17. INFORMANT'S SIGNATURE OR NAME **Joseph R. Williams** ADDRESS **4259E, Kenner**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Transitional cell carcinoma of bladder, far advanced**
ANTECEDENT CAUSES **Hemorrhagic anemia, severe**
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
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. **Hemorrhagic anemia, severe**
INTERVAL BETWEEN ONSET AND DEATH **16 years**
18 months

19a. DATE OF OPERATION **5-20-53** 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? **181X**

22. I hereby certify that I attended the deceased from **5/15, 1953**, to **5/23, 1953**, that I last saw the deceased alive on **5/23, 1953**, and that death occurred at **7:50P m.**, from the causes and on the date stated above.

23a. SIGNATURE **F. R. Bradley** (Degree or title) **M. D.** 23b. ADDRESS **BARNES HOSPITAL** 23c. DATE SIGNED **5/23/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **5/27/53** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **Tallulah, Louisiana**

DATE REC'D BY LOCAL REG. **MAY 26 1953** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Charles J. Gates** ADDRESS **4107 Finney Ave.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.