

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20067

FILED JUN 1-1953

BIRTH NO. 39494-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4657

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doan Homes G. Phillips</u>		d. STREET ADDRESS (If rural, give location) <u>2069 48th St Cote Brilant</u>	
3. NAME OF DECEASED (Type or Print) <u>Baby Roque</u>		b. (Middle) <u>F</u>	c. (Last) <u>Williams</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>5 7 53</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>May 29 1953</u>
9. AGE (In years last birthday) <u>11</u>	# UNDER 1 YEAR Months <u>02</u>	# UNDER 24 Hrs. Hours	# UNDER 24 Mins. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Le Roy E Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Elois Sims</u>	14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elois Williams</u> ADDRESS <u>4808 Cote Brilant</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>Suffocation following aspiration of vomitus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>aspiration of vomitus</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>000</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 29 1953 6A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Vomited</u>	<u>E9210</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:10 P.M.</u> , from the causes and on the date stated above. <u>22</u>			
23a. SIGNATURE (Degree or title) <u>Patience E. Taylor, Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>5-7-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May 6, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis County MO</u>
DATE REC'D BY LOCAL REG. <u>MAY 7 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Funder</u> ADDRESS <u>Home 1904 Funder</u>	

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 Lawrence E. Woodson

Licensed Embalmer No. 11054

P. O. Address Louis Mo.

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

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