

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27034

FILED JUL 31 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6122**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		e. STREET ADDRESS (If rural, give location) 1429 Tamm Ave.	
c. LENGTH OF STAY (In this place) 2 weeks		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) Charles A. Williams			4. DATE OF DEATH June 17, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 7, 1882		9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR: Months 2 Days 10	
11. BIRTHPLACE (City and State or Foreign Country) Missouri (Jefferson County)		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Williams		13b. MOTHER'S MAIDEN NAME Sarah McLean		14. NAME OF HUSBAND OR WIFE Irene Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Irene Williams, 1429 Tamm Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Balloons Emphysema		Left spontaneous Pneumothorax		107 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		2 wks.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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.		Arteriosclerotic Cardiovascular Disease			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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"/>		21f. HOW DID INJURY OCCUR? 5271	

22. I hereby certify that I attended the deceased from **5 June, 1953**, to **17 June, 1953**, that I last saw the deceased alive on **17 June, 1953**, and that death occurred at **5:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John A. McLean M.D.		23b. ADDRESS St. John's Hospital		23c. DATE SIGNED 19 June 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/20/53		24c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery	
24d. LOCATION (City, town, or county) (State) Samington, Mo.					

DATE REC'D BY LOCAL REG. JUN 19 1953		REGISTRAR'S SIGNATURE Charles Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Popp, Inc. Richmond Mo.	
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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.....
Signature of Student Embalmer

Signed *Felix Hernandez*

Licensed Embalmer No. *3034*

P. O. Address *Rutwood me*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.