

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30539

State File No. _____

FILED AUG 31 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7593

| | | | |
|--|---------------------------|--|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE 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 | |
| c. LENGTH OF STAY (in this place) | | 2189 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3222 CHOUTEAU | | d. STREET ADDRESS (If rural, give location) 18 3222 CHOUTEAU | |
| 3. NAME OF DECEASED (Type or Print) MRS. GERTRUDE | | 4. DATE OF DEATH (Month) (Day) (Year) WILLIAMS 7-31-53 | |
| a. (First) | | b. (Middle) | |
| c. (Last) | | | |
| 5. SEX 3 FEMALE | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | 8. DATE OF BIRTH 3-20-1892 |
| 9. AGE (In years last birthday) 61 | | 10. IF UNDER 1 YEAR Months Days 4 11 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) HELENA ARK. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME UNKNOWN | | 13b. MOTHER'S MAIDEN NAME LAURA BRYANT | |
| 14. NAME OF HUSBAND OR WIFE | | | |
| 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 Jack P. Huskey | | ADDRESS 3222 Chouteau | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 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) 420.1 | | | |
| 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? | | | |
| 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 7:35 A.M., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Patrick E. Gaylor (Degree or title) 3 Coronar | | 23b. ADDRESS 1300 Clark | |
| 23c. DATE SIGNED 8.4.53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 8-5-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO | |
| DATE REC'D BY LOCAL REG. AUG 4 1953 | | REGISTRAR'S SIGNATURE J. Carl Smith | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Bennie Love | | ADDRESS 3103 Washington | |

(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

W. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Alder

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.