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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30541

FILED AUG 31 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7827

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	c. LENGTH OF STAY (In this place) <i>2 1/2 hrs.</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i> 2219 OR TOWN _____ 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Ebmer S. Phillips</i>		d. STREET ADDRESS (If rural, give location) <i>21 3415 Lucas</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Lola</i> b. (Middle) <i>Williams</i> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <i>8 5 53</i>
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5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct 14, 1914</i>	9. AGE (In years last birthday) <i>38</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Class kind of work done during most of working life, or if retired) <i>Domestic</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Private family</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Little Rock Ark.</i>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Jeff Williams</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Jeff Williams</i> ADDRESS <i>3415 Lucas</i>
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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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Constrictive Heart Failure</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <i>434.1</i>
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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? _____
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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 *6:30 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph M. Quinn</i> (Specify rank or title) _____	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>8/11/53</i>
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24a. BURIAL CREMATION REMOVAL (Specify) <i>burial</i>	24b. DATE <i>8-11-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>
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DATE REC'D BY LOCAL REG. <i>AUG 11 1953</i>	REGISTRAR'S SIGNATURE <i>J. C. Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. B. Boone</i> ADDRESS <i>1221 N. Grand</i>
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(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4755

P. O. Address 127 Main Street

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.