

THE DIVISION OF HEALTH OF MISSOURI
 FILED DEC 21 1953 STANDARD CERTIFICATE OF DEATH

State File No. **44831**

BIRTH NO. _____ **REG. DIST. NO.** 317 **PRIMARY REG. DIST. NO.** 598 **Registrar's No.** 5164

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Kirkwood) c. LENGTH OF STAY (In this place) 6 yrs		c. CITY OR TOWN Kirkwood d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kirkwood, Rt. 12, Box 418		e. STREET ADDRESS (If rural, give location) Route 12, Box 418	
3. NAME OF DECEASED (Type or Print) a. (First) LOUISA b. (Middle) M. c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 8, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at-home		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and State or Foreign Country) Oakville, Mo.
13a. FATHER'S NAME Jacob Meyers		13b. MOTHER'S MAIDEN NAME Wm. Hallauer	14. NAME OF HUSBAND OR WIFE James Williams
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. None	17. INFORMANT'S SIGNATURE OR NAME Lillian V. Lauritzen ADDRESS R.R. 12 Kirkwood
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) Hypertensive Cardiovascular Disease INTERVAL BETWEEN ONSET AND DEATH 10 years ANTECEDENT CAUSES 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 443 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Jan 23, 1957</u> , to <u>12/10, 1953</u> , that I last saw the deceased alive on <u>12/2, 1953</u> and that death occurred at <u>5:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Cherita M. Gaines M.D. (Degree or title)		23b. ADDRESS 10424 Manchester Rd. Kirkwood (22) Mo	23c. DATE SIGNED 12/10/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/12/53	24c. NAME OF CEMETERY OR CREMATORY St. Lucas Cemetery	24d. LOCATION (City, town, or county) (State) Sappington, Mo.
DATE REC'D BY LOCAL REG. 12/11/53	REGISTRAR'S SIGNATURE Hebeed G. Spence M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Coffey ADDRESS Kirkwood Mo.

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

44831

Dr. Spence

(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.....
Signature of Student Embalmer

Signed..... *Felix Hernandez*

Licensed Embalmer No. *2034*

P. O. Address *Arkwood*

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.