

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21467

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4463

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

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 town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer H. Phillips</u>		e. STREET ADDRESS (If rural, give location) <u>1625a Greer</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Columbus</u>		b. (Middle) <u>Williams</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		<u>May 15, 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 25, 1893</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Care Taker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Washington Univ.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Union City, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Columbus Williams, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Franklin</u>	
14. NAME OF HUSBAND OR WIFE <u>Pearl Williams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>432 30 1503</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fannie Pitts</u>		ADDRESS <u>4625a Greer</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>Cerebral Vascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331x</u>	
22. I hereby certify that I attended the deceased from <u>May 10</u> , 19 <u>54</u> , to <u>May 15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 15</u> , 19 <u>54</u> , and that death occurred at <u>7:22</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Walter A. Young</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>2537 Market</u>	
23c. DATE SIGNED <u>5-18-54</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 19, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>MAY 19 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Brown</u>	
		ADDRESS <u>1221 N. Grand</u>			

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..... *Gayton Swan*

Licensed Embalmer No. *4580*

P. O. Address *1221 N. Main*

**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.**