

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21471**
Registrar's No. **4567**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		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 township) ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Webster Groves	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL		e. STREET ADDRESS (If rural, give location) 425 California Ave			
3. NAME OF DECEASED (Type or Print) LESLIE HAMMERSLEY WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) MAY 21, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 15, 1900	9. AGE (In years - last birthday) 53	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRITISH VICE CONSULOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Liverpool, England	12. CITIZEN OF WHAT COUNTRY? ENGLAND
13a. FATHER'S NAME Wm. Ralph Hammersley Williams.		13b. MOTHER'S MAIDEN NAME Mary Owen.		14. NAME OF HUSBAND OR WIFE Florence Williams Williams.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, in or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence W. Williams; Web. Groves	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hemorrhagic Appendicitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Peritonitis 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 6 Days 5 Days
19a. DATE OF OPERATION 5/19/54	19b. MAJOR FINDINGS OF OPERATION Acute Hemorrhagic Appendicitis + Abscess			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE --	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? None		5501	
22. I hereby certify that I attended the deceased from 5-17 , 19 54 , to 5-21 , 19 54 , that I last saw the deceased alive on 5-20 , 19 54 , and that death occurred at 5:15A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Charles C. Deace, M.D.			23b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo.		23c. DATE SIGNED 5-21-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	24b. DATE 5/24/1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. MAY 21 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,		

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 *Clarence A. Murray*

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

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.