No. 300
10.48

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25434

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6081

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 3120a Chouteau Avenue 18 2189

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): NMN
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): July 3, 1954

5. SEX: Fem
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 8, 1898
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): Macon, Georgia
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Joe Shaw
13b. MOTHER'S MAIDEN NAME: Johanna (Unk)
14. NAME OF HUSBAND OR WIFE: Robert Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Gertrude Wheeler, 2125a Market St.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor - Meningoma — INTERVAL BETWEEN ONSET AND DEATH: 2½ mo.

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. Hypertensive Cardiovascular Disease — 10-15 yrs.

19a. DATE OF OPERATION: 7/2/54
19b. MAJOR FINDINGS OF OPERATION: Meningoma of Posterior Fossa
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 223 x

22. *I hereby certify that I attended the deceased from* June 15, 1954, *to* July 3, 1954, *that I last saw the deceased alive on* July 3, 1954, *and that death occurred at* 2:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. J. Vermillion, M.D. (Degree or title): M.D.
23b. ADDRESS: BARNES HOSPITAL
23c. DATE SIGNED: 7-6-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/8/54
24c. NAME OF CEMETERY OR CREMATORY: Booker T. Washington
24d. LOCATION (City, town, or county) (State): E. St. Louis, Ill

DATE REC'D BY LOCAL REG.: JUL 6 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: R. M. C. Green, 4060 Washington Ave

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin E. G

Licensed Embalmer No. 4

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.