

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36131

State File No. ....

FILED OCT 26 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9444**

|  |  |   |  |  |  |  |
|--|--|---|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo.   |  | b. COUNTY  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN<br>St. Louis  |  | c. LENGTH OF STAY (In this place)<br>township)  |  | c. CITY OR TOWN<br>St. Louis   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Jewish Hospital   |  | e. STREET ADDRESS (If rural, give location)<br>11 1520a No. Vandeventer Ave. 21190  |  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First)<br>WILLIAM   |  | b. (Middle)<br>T.  |  |  |
|  |  | c. (Last)<br>WILLIAMS Jr.   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Oct. 16 1954                 |  |  |
| 5. SEX<br>Male   |  | 6. COLOR OR RACE<br>White   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married        |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Chauffeur-Mayfair   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Cleaning Co.   |  | 8. DATE OF BIRTH<br>Oct. 6, 1912   |  |  |
|  |  |   |  | 9. AGE (In years last birthday)<br>42                                    |  |  |
|  |  |   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>St. Louis, Mo.     |  |  |
|  |  |   |  | 12. CITIZEN OF WHAT COUNTRY?   |  |  |
| 13a. FATHER'S NAME<br>William T. Williams  |  | 13b. MOTHER'S MAIDEN NAME<br>Anna Goolsby   |  | 14. NAME OF HUSBAND OR WIFE<br>Mayme Williams                            |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Mayme Williams 1520a N. Vandeventer |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Hemorrhagic Pancreatitis</i>   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>3 days                               |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                           |  |  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>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<br>5870  |  |  |
| 22. I hereby certify that I attended the deceased from <u>JAN</u> , 19 <u>54</u> , to <u>Oct 16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 16</u> , 19 <u>54</u> and that death occurred at <u>12:50 A.M.</u> , from the causes and on the date stated above. |  |   |  |  |  |  |
| 23a. SIGNATURE<br><i>Bernard de Noisy M.D.</i>   |  | (Degree or title)   |  | 23b. ADDRESS<br><i>4652 Maryland</i>                                     |  |  |
|  |  |   |  | 23c. DATE SIGNED<br><i>Oct 18 54</i>                                     |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal   |  | 24b. DATE<br>Oct. 20, 1954  |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Valhalla Cemetery                  |  |  |
|  |  |   |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis Co. Mo.       |  |  |
| DATE REC'D BY LOCAL REG.<br>OCT 18 1954  |  | REGISTRAR'S SIGNATURE<br><i>J. Carl Smith M.D.</i>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Kriegshauser</i>                  |  |  |
|  |  |   |  | ADDRESS<br>4228 S. Kingshighway Bl.                                      |  |  |

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

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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 *William B. White*.....

Licensed Embalmer No. *429*

P. O. Address *422 St. King*

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.