

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

12002

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY 20000 N. Vandeventer
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.
c. LENGTH OF STAY (If in this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION 1026a N. Vandeventer
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY ST. 2119
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph Henry
b. (Middle) _____
c. (Last) Williams
4. DATE OF DEATH (Month) (Day) (Year)
12 30 1954

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1895
9. AGE (In years last birthday) about 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel worker
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Columbus, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Willie Williams
13b. MOTHER'S MAIDEN NAME Emma Buggs
14. NAME OF HUSBAND OR WIFE Berniece Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. 499-28-9998
17. INFORMANT'S SIGNATURE OR NAME Berniece Williams ADDRESS Vandeventer 1026a N.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertension
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
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 _____
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) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug 1, 1954, to Dec 30, 1954, that I last saw the deceased alive on Dec 30, 1954, and that death occurred at 3P m., from the causes and on the date stated above.

23a. SIGNATURE Walter A. Young (Degree or title) M.D.
23b. ADDRESS 4337 Market St. St. Louis
23c. DATE SIGNED 1/3-55

24a. BURIAL, CREMATION REMOVAL (Specify) Removal
24b. DATE 1-6-55
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. JAN 3 1955
REGISTRAR'S SIGNATURE J. Carl Smith
25. FUNERAL DIRECTOR'S SIGNATURE Peoples Und.Co. ADDRESS 3100 Franklin

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 Mr. Claude Gordon, Student Embalmer No. 348 working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mr. Claude Gordon

Licensed Embalmer No. 348

P. O. Address 4575 Al

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.