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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10390

FILED MAR 18 1955

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State File No.

Registrar's No. 1890

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|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>in route to Homer G.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>21 2935 Dayton st.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Frankie</u> | | a. (First) _____ | | b. (Middle) <u>Bee</u> | | c. (Last) <u>Williams</u> | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>N</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 24 55</u> | |
| 8. DATE OF BIRTH <u>Oct 22, 1919</u> | | 9. AGE (In years last birthday) <u>35</u> | | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Helen Ark.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Helen Ark.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Sam Williams</u> | | 13b. MOTHER'S MAIDEN NAME <u>Savannah Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unmarried</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Enoch E. Westcott 12/19/54</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic Abortion (Tetanus) following Criminal Abortion performed by person at persons unknown to jury at this time. Exact time and place unknown</u> | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | 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 <u>Homicide</u> | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) <u>Homicide</u> | | 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>651.2</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. J. Taylor</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>21300 Chrysler</u> | | 23c. DATE SIGNED <u>2/25/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>3-I 55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lemay MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>FEB 28 1955</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Jackson 2726 Dickson St.</u> | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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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
Student Embalmer

Signed John R. Cunningham
Licensed Embalmer No. 4476

P. O. Address 4700 Hammett Pl.

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 this body is not embalmed, fact should be so stated above.

Form 158