

FILED APR 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10396

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2773**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS, MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PEOPLES HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>21 3014 THOMAS ST.</b>	

3. NAME OF DECEASED (Type or Print): <b>ROLENA WILLIAMS</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>3-24-55</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 21, 1932</b>	9. AGE (In years last birthday) <b>22</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STUDENT NURSE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ELMORE WILLIAMS</b>	13b. MOTHER'S MAIDEN NAME <b>FRANCIS WHITE</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>ELMORE WILLIAMS</b>	ADDRESS <b>3014 THOMAS</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>puerperal infection (intra uterine)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>flat</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generally Contracted</b>		
	DUE TO (c) <b>Pelvis</b>		
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 <b>Dead Fetus.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>681X</b>
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22. I hereby certify that I attended the deceased from **3-22-1955** to **3-24-1955**, that I last saw the deceased alive on **3-24-1955**, and that death occurred at **2:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert M. Smith, M.D.</b> (Degree or title)	23b. ADDRESS <b>3007 Easton Ave.</b>	23c. DATE SIGNED <b>3-28-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>3/29/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 28 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James Jones</b>	ADDRESS <b>1343 N. GARRISON</b>
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(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 embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arthur L. Hilliard*

Signed.....

Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *4524 Alder*

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.