

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14041

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3295

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Union</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>		STREET ADDRESS (If rural, give location) <b>105 Linden</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frances</b> b. (Middle) _____ c. (Last) <b>Williams</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 10, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Sept. 22, 1872</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Union, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>F.W. Stohlmann</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Buescher</b>		14. NAME OF HUSBAND OR WIFE <b>Robert H. Williams</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alvin P. Williams, Sullivan, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause on line for (a), (b), and (c) <b>HEART FAILURE</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>1-2 WKS.</b>	
*This does not mean the mode of dying, such as heart failure, anesthesia, etc. It means the disease, injury, or condition which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>	
		DUE TO (c) <b>3° DEGREE BURNS</b>	
		OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" 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.) <b>Home</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Union, Mo. 036</b>			

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3-17-55 10A.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Dress caught on fire from heater</b>	
22. I hereby certify that I attended the deceased from <b>3-17-1955</b> , to <b>4-10-1955</b> , that I last saw the deceased alive on <b>4-9-1955</b> , and that death occurred at <b>9:25 p. m.</b> , from the causes and on the date stated above.					

23a. SIGNATURE <b>Robert E. Koeh</b> (Degree or title)		23b. ADDRESS <b>M.P. 35 N. CENTRAL, CLAYTON, MO.</b>		23c. DATE SIGNED <b>4-11-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-11-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union</b>	
24d. LOCATION (City, town, or county) (State) <b>Union, Mo.</b>					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 12 1955</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 23 1955

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

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.