

STANDARD CERTIFICATE OF DEATH

20501

State File No. 5292

FILED JUN 27 1955

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

1. PLACE OF DEATH
a. COUNTY Missouri

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital STREET ADDRESS 1468 Franklin 25

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Williams c. (Last) Williams 4. DATE OF DEATH (Month) 6 (Day) 11 (Year) 55

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan 9, 1895 9. AGE (in years last birthday) 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Married 11. BIRTHPLACE (City and State or Foreign Country) Grenada, Mississippi 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Williams, Sr 13b. MOTHER'S MAIDEN NAME Hattie Adams 14. NAME OF HUSBAND OR WIFE Hattie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 494-24-8523 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roberta Braxton, 1334 Franklin Av

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of Small Bowel INTERVAL BETWEEN ONSET AND DEATH Undt. ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Volvulus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

19a. DATE OF OPERATION 6-7-55 19b. MAJOR FINDINGS OF OPERATION Mechanical Small Bowel Obstruction 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. 5703

22. I hereby certify that I attended the deceased from 6-7 1955, to 6-11 1955, that I last saw the deceased alive on 6-11-1955, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank O. Richards, M.D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 6-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6/20/55 24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery 24d. LOCATION (City, town, or county) (State) Lemay, Mo.

DATE REC'D BY LOCAL REG. JUN 20 1955 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cunningham & Moore, 2405 Marcus

WRITE PLAINLY—USING UNFAADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2404 Marcus

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.