

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24425

State File No.

FILED AUG 2 - 1955

318

1003

Registrar's No. 5819

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY OR TOWN St. Louis, Mo.		b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 737 Bayard Ave		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 12 737 Bayard Ave.		(If rural, give location) 21290	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 30th 1955		
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5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-17-1882		9. AGE (in years last birthday) 73		10. IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Helene Ark,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Dani el Stevenson		13b. MOTHER'S MAIDEN NAME Marth a ?		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Lilli an Stev enson		ADDRESS 737 Bayard	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Dis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension Heart Dis.</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 M.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Minute)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
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22. I hereby certify that I attended the deceased from 7-1-1955, to 7-1-1955, that I last saw the deceased alive on 7-1-1955, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE James M. Smith, M.D.		(Degree or title) 23b. ADDRESS 916 A. N. Taylor		23c. DATE SIGNED 7-2-58	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-7-55		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. JUL 6 1955		REGISTRAR'S SIGNATURE A. L. Beal Und Co.		25. FUNERAL DIRECTOR'S SIGNATURE A. L. Beal Und Co.		ADDRESS 4303 Delmar	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John K. Cunningham*

Licensed Embalmer No. *44*

P. O. Address *2405 9m*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.