

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43480**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11552**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Clayton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <b>528 West Polo Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>NANCY</b>	a. (First)	b. (Middle)	c. (Last) <b>WILLIAMS</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>12 29 55</b>
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<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>never married</b>	<b>8. DATE OF BIRTH</b> <b>April 29, 1915</b>	<b>9. AGE</b> (In years last birthday) <b>40</b>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 2 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>at home</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Benjamin P. Williams</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Marion Barker</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Eleanor Baker, 12 Washington Terrace</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 hrs.</b> <b>3 MO</b> <b>3 MO</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Gastric hemorrhage</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinomatous</b> DUE TO (c) <b>Carcinoma of Colon</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>153x</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from Dec 28, 1955, 1942, to Dec 29, 1955, that I last saw the deceased alive on Dec 28, 1955, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>Ray David Williams</b>	(Degree or title) <b>MD</b>	<b>23b. ADDRESS</b> <b>114 No Taylor St. Louis 8 Mo</b>	<b>23c. DATE SIGNED</b> <b>30 Dec 55</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>removal</b>	<b>24b. DATE</b> <b>12-31-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Clarksville Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Clarksville, Tennessee</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>DEC 30 1955</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith MD</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>C. R. Lupton &amp; Sons-7233 Delmar Blv'd.,</b>	<b>ADDRESS</b>
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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 Clarence H. Miller .....

Licensed Embalmer No. 401 .....

P. O. Address St. Louis, Mo. .....

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.