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FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11633

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2761

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS M/O
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3341 NEBRASKA 24

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 3341 NEBRASKA 24 22 M/O

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM b. (Middle) S. c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) MAR. 15 1956

5. SEX MAle
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH OCT. 21 1893
9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DECK HAND
10b. KIND OF BUSINESS OR INDUSTRY U.S. ENGINEERS
11. BIRTHPLACE (City and State or Foreign Country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U-S-A

13a. FATHER'S NAME JAMES WILLIAMS
13b. MOTHER'S MAIDEN NAME MARTHA SMITH
14. NAME OF ~~HUSBAND~~ OR WIFE IRENE M. WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 492-22-4841
17. INFORMANT'S SIGNATURE OR NAME IRENE WILLIAMS ADDRESS 3341 NEBRASKA

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease - Insufficiency — 6 - 8 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthmatic Bronchitis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION 420.1
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/6, 1956, *to* 3/15, 1956, *that I last saw the deceased alive on* 3/15, 1956, *and that death occurred at* 8:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R Paul H. Hilbert M.D.
23b. ADDRESS 2905 Chemkee - St Louis, Mo
23c. DATE SIGNED 3/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAR. 19 1956
24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEM.
24d. LOCATION (City, town, or county) ST. LOUIS M/O (State)

DATE REC'D BY LOCAL REG. MAR 19 1956
REGISTRAR'S SIGNATURE J. Earl Smith MD MDB
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutes 2906 ADDRESS Grevois

(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 em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 43

P. O. Address 2906

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