

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **18890**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4199**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>DOA Homer Phillips Hosp.</b>		STREET ADDRESS (If rural, give location) <b>5359 Minerva</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Iola</b>	b. (Middle)	c. (Last) <b>Williams</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 27 1956</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>27 May 1897</b>	9. AGE (in years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Scruggs</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ripley Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>George Halfacre</b>	13b. MOTHER'S MAIDEN NAME <b>Betty Richardson</b>	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) <b>no</b>	16. SOCIAL SECURITY NO. <b>494-03-3572</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Betty Revels</b>	ADDRESS <b>913 Marcus</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b>No</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>No</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>420.1</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-23, 1956**, to **4-27, 1956**, that I last saw the deceased alive on **4-26, 1956**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Thomas</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>822a N. Jefferson</b>	23c. DATE SIGNED <b>11/21/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>1 May 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>APR 28 1956</b>	REGISTRAR'S SIGNATURE <b>J. Charles Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Reliable Funeral Sys.</b>	ADDRESS <b>1389 N. Union</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Paul Freeman*.....

Licensed Embalmer No. *418*

P. O. Address *47297*

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.