

Reg. #17620

STANDARD CERTIFICATE OF DEATH

State File No.

SL #10558 FILED AUG 24 1956

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 6756

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN St. Louis	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) 6 days		e. STREET ADDRESS (If rural, give location) 15 3537 Bingham	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		21590	
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) W. c. (Last) WILLIAMS		4. DATE OF DEATH (Month) (Day) (Year) July 18, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/8/97
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) De Soto, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edgar P. Williams	
13b. MOTHER'S MAIDEN NAME Augusta C. Loesche		14. NAME OF HUSBAND OR WIFE Mayme E. Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. 429-03-8326	
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St. Louis, Mo.		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CARCINOMATOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) CARCINOMA OF PANCREAS rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. JAUNDICE DUE TO CARCINOMA OF PANCREAS	
INTERVAL BETWEEN ONSET AND DEATH 6 months		11 Undetermined	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 157X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/12 , 19 56 , to 7/18 , 19 56 , and that death occurred at 5:30 A.m. , from the causes and on the date stated above.			
23. SIGNATURE H. Westphalinger, M.D.		23b. ADDRESS 915 N. Grand VAH, St. Louis, Mo.	
23c. DATE SIGNED 7/18/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/20/56	
24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUL 18 1956		REGISTRAR'S SIGNATURE Edward Fendler	
25. FUNERAL DIRECTOR'S SIGNATURE Edward Fendler		ADDRESS 5611 South Grand Blvd.	

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 *Henry J. Schwartz*
Licensed Embalmer No. *267*

P. O. Address *5611 S. St.*

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.