

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32504

State File No.

8074

FILED SEP 26 1956

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No.

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 St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4570 Cote Brilliante		d. STREET ADDRESS (If rural, give location) 4570 Cote Brilliante ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) Matlock c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1956	
5. SEX female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 25, 1891
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and State or Foreign Country) / Greenwood, Miss.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME William Powell		13b. MOTHER'S MAIDEN NAME Mollie ?	14. NAME OF HUSBAND OR WIFE widowed
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willia Whitefield 4546 New Berry
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis Chronic Myocarditis ANTECEDENT CAUSES Rheumatism-Neuritis DUE TO (b) Rheumatism Neuritis Hypertension DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) 8-28-56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 8-29-56	
22. I hereby certify that I attended the deceased from June 75, 1956 , to Aug 29, 1956 , that I last saw the deceased alive on Aug 28, 1956 , and that death occurred at 8 A.M. , from the causes and on the date stated above. 8-31-56			
23a. SIGNATURE J.E. Hurt		23b. ADDRESS 3000a Easton	23c. DATE SIGNED 8-31-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) (State) St. Louis county		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dament & Son 2629-31 Cole stre	
DATE REC'D BY LOCAL REG. AUG 31 1956		REGISTRAR'S SIGNATURE Carl Smith	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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
Student Embalmer

Signed

H. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Alden

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 this body is not embalmed, fact should be so stated above.