

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44098

STATE FILE NUMBER

10730

Registration District No. 318 Primary Registration District 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, give TOWNSHIP only) OR TOWN ST. LOUIS MO.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL # I		d. STREET ADDRESS 1418 N. 8th. Apt #701	
3. NAME OF DECEASED (Type or print) First ALBERT Middle Last WILLIAMS		4. DATE OF DEATH Month Day Year Nov. 24, 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 8 1890
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired watchman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Litchfield Ill
13. FATHER'S NAME Geo. A. Williams		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Mreis E Williams-wife 1419 N. 8th Str		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 hrs 20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420-1	
20c. TIME OF INJURY Hour Month; Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8-23-56 to 11-24-56 and last saw her alive on 11-24-56 Death occurred at 5:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward W. Strzech M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.	
22c. DATE SIGNED 11-24-56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 25, 1956	
23c. NAME OF CEMETERY OR CREMATORY Litchfield Cemetery		23d. LOCATION (City, town, or county) (State) Litchfield Ill	
24. FUNERAL DIRECTOR Hy. Leidner Und. Co 2223 St. Louis Ave. ST. LOUIS MO.		25. DATE RECD. BY LOCAL REG. NOV 26 1956	
26. REGISTRAR'S SIGNATURE Carl Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Robert M. Murray*.....

Licensed Embalmer No. *3*.....

P. O. Address *St. Louis*.....

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.