

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44107**
11393
Registrar's No.

FILED JAN 15 1957

BIRTH NO. **20975-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN East St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 hr. 45 m.		e. STREET ADDRESS (If rural, give location) 607 Bond Ave. 81204	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital		3. NAME OF DECEASED a. (First) Rosalie b. (Middle) Rene c. (Last) Williams	
4. DATE OF DEATH (Month) (Day) (Year) Dec 9 1956		5. SEX Female 6. COLOR OR RACE negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Mar. 7, 1956	
9. AGE (In years last birthday) 9 mo IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) none	
10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME Ernestine Williams		14. NAME OF HUSBAND OR WIFE never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Janet H. Adams		ADDRESS 500 S. Kingshighway	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (hemorrhagic) INTERVAL BETWEEN ONSET AND DEATH 24 hrs. ANTECEDENT CAUSES DUE TO (b) Possible encephalitis 2 wks 3 days DUE TO (c) Diarrhea & Dehydration 17 1/2 days II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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 12-9, 1956 , to 12-9, 1956 , that I last saw the deceased alive on 12-9, 1956 , and that death occurred at 6:25 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Barbara Jones, M.D.		23b. ADDRESS 509 S. Kingshighway St. Louis Mo	
23c. DATE SIGNED 12-9-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12/12/56		24c. NAME OF CEMETERY, OR CREMATORY Booker Washington	
24d. LOCATION (City, town, or county) (State) Centerville, Tenn., Ill.		DATE REC'D BY LOCAL REG. DEC 12 1956	
REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Marion's Office	
ADDRESS 214 No. Ave. St. Louis, Ill.		(Licensed Embalmer's Statement on Reverse Side)	

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 *Ben H. Baldwin*

Licensed Embalmer No. *242*

P. O. Address *721 N. 26th*

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.