

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3188

FILED FEB 4 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 755

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, Mo c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4346 Cottage Ave.

e. STREET ADDRESS (If rural, give location) 4346 Cottage Ave.

3. NAME OF DECEASED a. (First) Confies b. (Middle) _____ c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year) 1 22 1957

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 24, 1904 9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian 10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis

11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Richard Williams 13b. MOTHER'S MAIDEN NAME Laura Burch 14. NAME OF HUSBAND OR WIFE Floraine E. Williams

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. 492-09-9081 17. INFORMANT'S SIGNATURE OR NAME Floraine E. Williams ADDRESS 4346 Cottage Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

ANTECEDENT CAUSES Hypertension

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS 420.1

Conditions contributing to the death but not related to the disease or condition causing death.

18. CAUSE OF DEATH (continued)

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 1, 1957, to 1.22, 1957, that I last saw the deceased alive on 1.22, 1957, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter A. Young MD 23b. ADDRESS 2337 Market 23c. DATE SIGNED 1/28/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 1/26/57 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. JAN 24 1957 REGISTRAR'S SIGNATURE J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Ann E. Roberts ADDRESS 1416 N. Taylor Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 *James R. Carter*.....

Licensed Embalmer No. *468*

P. O. Address *St. Louis 2*.....

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.