

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11294

State File No. ....

FILED APR 12 1957

2687

BIRTH NO. \_\_\_\_\_ 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 Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis. c. CITY OR TOWN St. Louis. d. Is Residence within limits of a city or incorporated town? Yes  No

c. LENGTH OF STAY (in this place) 6-29-56 to 3-16-57  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital. e. STREET ADDRESS (If rural, give location) 1045 N. Whittier.

3. NAME OF DECEASED (Type or Print)  
a. (First) Elijah b. (Middle) \_\_\_\_\_ c. (Last) Williams. 4. DATE OF DEATH (Month) (Day) (Year) March 16, 1957

5. SEX Male. 2 6. COLOR OR RACE Color 7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) Sep. 8. DATE OF BIRTH July? 1887 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Mississippi. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew Williams 13b. MOTHER'S MAIDEN NAME Nancy 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. 492-24-5487 17. INFORMANT'S SIGNATURE OR NAME Arah Anderson ADDRESS 3639 Easton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypertensive Cardiovascular Disease  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Generalized Atherosclerosis Multiple Decubitus Ulcers

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 443x 20. AUTOPSY? X YES  NO

21a. ACCIDENT (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 6, 1956, to March 16, 1957, that I last saw the deceased alive on March 16, 1957, and that death occurred at 2:35P m., from the causes and on the date stated above.

23a. SIGNATURE George M. Janka, M.D. (Degree or title) 23b. ADDRESS 5600 Arsenal 23c. DATE SIGNED Mar. 18, 1957

24a. BURIAL CREMATION (Specify) \_\_\_\_\_ 24b. DATE 3-19-57 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. MAR 19 57 REGISTRAR'S SIGNATURE J. Paul Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Russell Undertaking Co. ADDRESS 2732 Pine

M.J.B. (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 A. Carter*.....  
Licensed Embalmer No. *481*.....  
P. O. Address *St. Louis*.....

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.