

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 22 1957

318

1003

State File No.

15472

3256

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>HOMER G. PHILIPS</i>				e. STREET ADDRESS (If rural, give location) <i>2210 2619 Lucas</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>IKE</i> b. (Middle) <i>WILLIAMS</i> c. (Last)			4. DATE OF DEATH (Month) <i>3</i> (Day) <i>31</i> (Year) <i>57</i>						
5. SEX <i>Male</i>	6. COLOR OR RACE <i>col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>July 15 - 1886</i>	9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.	
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) <i>Canon Miss.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13a. FATHER'S NAME <i>John Williams</i>			13b. MOTHER'S MAIDEN NAME <i>not known</i>		14. NAME OF HUSBAND OR WIFE <i>Rose Williams</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ellen Chandler 3215 A Magazine</i>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myo-Carditis</i>				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) <i>Arterio Sclerosis</i>					
				DUE TO (c) <i>Chronic Nephritis</i>					
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? <i>2</i> YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <i>3-24</i> , 19 <i>57</i> , to <i>3-30-57</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>3-31</i> , 19 <i>57</i> , and that death occurred at <i>12:30 A</i> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>J. E. Smith</i>				23b. ADDRESS <i>3000a Easton Avenue</i>		23c. DATE SIGNED <i>4-1-57</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>4-4-57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis County</i>			
DATE REC'D BY LOCAL REG. <i>APR 3 57</i>		REGISTRAR'S SIGNATURE <i>J. E. Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. R. Richardson 2625 Glasgow</i>					

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 *A. D. Richardson*
Licensed Embalmer No. *2928*

P. O. Address *2625 Glasgow*

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.