

Health, Welfare Public Service

FILED JUN 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

16392

Registration District No. 389 Primary Registration District No. 5173 Registrar's No. 13

300  
1-56  
of 1000's  
All  
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b> <i>Summit Twp.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>SUMMIT Twp.</b> TOWN <b>Summit Twp.</b>		c. CITY OR TOWN <b>SAINT LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Mo State Prison</b> INSTITUTION <b>Farm #2</b>		d. STREET ADDRESS <b>3036 CASS AVENUE</b>	
3. NAME OF DECEASED (Type or print) <b>ALEX</b> <i>First</i> <b>Williams</b> <i>Middle</i>		4. DATE OF DEATH <b>June 4 1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB. 5, 1930</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PORTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>	9. AGE (In years last birthday) <b>27</b>
11. BIRTHPLACE (City and state or country) <b>SAINT LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>BEN WILLIAMS</b>		14. MOTHER'S MAIDEN NAME <b>ROSANA KIMBROUGH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>260-21-8195</b>	
17. INFORMANT <b>PENITENTIARY RECORDS</b>		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) <b>STRUCK BY LIGHTNING</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hour.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>9341</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>46</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>DECEASED WAS STRUCK BY LIGHTNING WHILE WORKING IN A FIELD</b>		
20c. TIME OF INJURY <b>2:30</b> Hour <b>2:30</b> Month <b>6</b> Day <b>5</b> Year <b>57</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm</b>		
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>SUMMIT TWP. CALLAWAY MISSOURI</b>		
21. I attended the deceased from <b>only after injury</b> and last saw <b>her</b> alive on <b>him</b> Death occurred at <b>3:30</b> <b>pm</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>Missouri State Penitentiary Jefferson City, Missouri</b>	
22c. DATE SIGNED <b>6-4-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>6/5/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Peters Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
24. FUNERAL DIRECTOR <b>Ellis Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>June 7-57</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

NOV 11 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Harry E. Donio*

Licensed Embalmer No. 44

P. O. Address *J.C.V.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.