

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 26705

Registrar's No. 6661

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|--|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. <u>6661</u> | |
| 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 <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes</u> | | | | STREET ADDRESS (If rural, give location) <u>237 0 775 Goodfellow</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> | | b. (Middle) <u>Marie</u> | | c. (Last) <u>Williams</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1957</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ | | 8. DATE OF BIRTH <u>June 5 1957</u> | |
| 9. AGE (In years last birthday) _____ | | 10. UNDER 1 YEAR _____ | | 11. UNDER 1 YEAR _____ | | 12. UNDER 1 YEAR _____ | |
| 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) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Jack Benjamin Williams</u> | | 13b. MOTHER'S MAIDEN NAME <u>Charlotte Kuchenbuch</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Jack Williams, 775 Goodfellow</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple congenital anomalies</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Heart, club feet hydrocephalus)</u> DUE TO (c) <u>maternal polyhydramnios</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>46 min.</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? <u>2</u> 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) _____ | |
| 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 <u>6/5, 1957</u> , to <u>6/5, 1957</u> , that I last saw the deceased alive on <u>6/5, 1957</u> , and that death occurred at <u>5:11 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>K. G. Holland M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>5535 Delmar</u> | | 23c. DATE SIGNED <u>6/28/57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE <u>7-31-57</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>JUL 17 57</u> | | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mr. Rowland Allen 4104 Winifred</u> | | | |

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.....

Licensed Embalmer No.....

P. O. Address.....

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.