

FILED JAN 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46757

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 3118

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY ST LOUIS				a. STATE MISSOURI COUNTY ST LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only)		Inside Limits OR TOWN WEBSTER GROVES		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN WEBSTER GROVES	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 819 CORNELL				Length of stay in 1b 2 yrs		d. STREET ADDRESS (If outside, give location) 819 CORNELL	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Middle Last RACHAEL WILLIAMS				Month Day Year DEC 7 1957			
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH JANUARY 12, 1902	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK				10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and state or country) GREENVILLE TENN	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME JAMES WILLIAMS				14. MOTHER'S MAIDEN NAME ELLA WARD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Emma Jane Jones 930 Cornell	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH 10 days			
PART I. DEATH WAS CAUSED BY:				CORONARY HEART DISEASE			
IMMEDIATE CAUSE (a)				4201			
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Feb 1957 to Dec 7, 1957 and last saw her alive on 12/7/57				Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas W. Jones				22b. ADDRESS 23 E. Kishom - 19		22c. DATE SIGNED 12-10-57	
23a. DATE OF BIRTH Dec 11, 1957		23b. NAME OF CEMETERY OR CREMATORY Father Dickson		23d. LOCATION (City, town, or county) Chester		STATE MO	
24. FUNERAL DIRECTOR G. Yundell & Sons		ADDRESS 1776 Kishom		25. DATE RECD. BY LOCAL REG. 12-11-57		26. REGISTRAR'S SIGNATURE Herbert S. Donohue MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Health Service
S. 300
1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

as

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 *Heard J. Gandy*

Licensed Embalmer No. *424*

P. O. Address *306th*
White Horse

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.