

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4769-58

58-012494
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's 2615

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. LOUIS CHILDRENS INSTITUTION		d. STREET ADDRESS 5227, A. MAFFITT	
3. NAME OF DECEASED (Type or print) First Middle Last ALEX ROANOLD WILLIAMS		4. DATE OF DEATH Month Day Year 3 - 2 -- 1958	
5. SEX Male	6. COLOR OR RACE COL.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH I ** 15 ** 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		11. BIRTHPLACE (City and state or country) ST. LOUIS MISSOURI	
13. FATHER'S NAME ALEX WILLIAMS JR		14. MOTHER'S MAIDEN NAME DORRIS JEAN STEDHAM	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NONE		17. INFORMANT Alex Williams Jr 5227, A. MAFFITT	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Interstitial Pneumonitis</i>			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input 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		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8:30 AM to and last saw her alive on Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M. Kelly Deputy Registrar		22c. DATE SIGNED 3-3-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3/5/68	
23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
24. JUNE 1958 DIRECTOR ADDRESS JOHN T. HOUSTON 2812, THOMAS ST.		25. DATE RECD. BY LOCAL REG. MAR 4 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith MD			

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by *This Body Not Embalmed*....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No.....

P. O. Address *2812 Flor*

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