

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016613
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

4211

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, MISSOURI		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in lb 206 ⁷ STREET ADDRESS 5230 RIDGE AVE. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last IRENE NMN WILLIAMS		4. DATE OF DEATH Month Day Year APRIL 15, 1958	
5. SEX FEMALE 3	6. COLOR OR RACE CLOLED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3-DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec .20, 1914
10a. USUAL OCCUPATION (Give kind of work done Elevator working life, even if retired) Elevator Operator		10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and state or country) Clarksdale, Mississippi /
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Howard Robinsin	
13b. MOTHER'S MAIDEN NAME Alberta Brooks		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 496-22-5762	17. INFORMANT Allean Beasley 5230 a Ridge Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED CARCINOMATOSIS			INTERVAL BETWEEN ONSET AND DEATH 2 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			199.2
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 o.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 DEC 29, 1953 to APRIL 15, 1958 and last saw her alive on APRIL 15, 1958 Death occurred at 5:40 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>E. P. McMillan, M.D.</i> (Degree or title) M. D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 4/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4-21-58	23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Pettis Funeral Home 4181 Washington Blvd		25. DATE RECD. BY LOCAL REG. APR 17 58	26. REGISTRAR'S SIGNATURE <i>Genal Smith, MO</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATE OF MISSOURI

DEPARTMENT OF HEALTH

MISSOURI

HEALTH

DEPT.

HEALTH

STATE OF MISSOURI

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 *Arthur W. Harris*

Licensed Embalmer No. *4458*

P. O. Address *4181 West*

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.