

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

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-016972

STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1073

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Koch Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR Robert Koch 236 days INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET (If outside, give location) Reside on Farm ADDRESS 1114 So. 8th St. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last William Bryant Williams			4. DATE OF DEATH Month Day Year April 16, 1958				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/11/97	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min. 5		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and state or country) Oklahoma 1			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME John Williams				
14. MOTHER'S MAIDEN NAME Nancy Ann Abbott			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No				
16. SOCIAL SECURITY NO. 497-09-9510			17. INFORMANT Address Opal Williams, 1114 So. 8th St.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion with acute myocardial infarction. DUE TO (b) Arteriosclerotic heart disease. DUE TO (c) 4200A PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(n) 1) Chronic pulmonary tuberculosis 2) Bronchogenic carcinoma.					INTERVAL BETWEEN ONSET AND DEATH 6 days days.		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I, if item 18.) carcinoma.		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 8/23/57 , to 4/16/58 and last saw her/him alive on 4/15/58 Death occurred at 4:15 am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ellis S. Lipsitz, M.D.			22b. ADDRESS Robt. Koch Hosp., Koch, Mo.		22c. DATE SIGNED 4/17/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-18-58	23c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery		23d. LOCATION (City, town, or county) (State) Belleville, Ill.		
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			25. DATE RECD. BY LOCAL REG. 4-17-58		26. REGISTRAR'S SIGNATURE Desheret P. Danke		

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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 *G. W. Wilkins*

Licensed Embalmer No. *38*

P. O. Address *M. L.*

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.