

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027578  
STATE FILE NUMBER

WED AUG 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7523

|   |                           |   |  |   |  |
|---|---------------------------|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis  |                           | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN St. Louis  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Homer G. Phillips  |                           | Length of stay in 1b<br>9 yrs. 2/29   | d. STREET ADDRESS (If outside, give location)<br>752a Aubert   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>George Williams   |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>7 29 58  |   |  |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>March 16, 1909   |   | 9. AGE (In years last birthday)<br>49                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Laborer  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Construction   | 11. BIRTHPLACE (City and state or country)<br>Bentonla, Miss.  |   | 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A.                                   |
| 13a. FATHER'S NAME<br>Dock Williams   |                           | 13b. MOTHER'S MAIDEN NAME<br>Hattie Dailey  |  | 14. NAME OF HUSBAND OR WIFE<br>Nancy Dailey                 |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, No or unknown) (If yes, give war or dates of service)<br>No   |                           | 16. SOCIAL SECURITY NO.<br>425-54-1252  |  | 17. INFORMANT<br>Nancy Williams Address<br>752a Aubert Ave. |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Diseasing acute leukemia</i>  |                           |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>undet.                                 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____   |                           |   |  |   | 451X   |
| DUE TO (c) _____  |                           |   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                           |   |  |   |  |
| 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<br>Hour Month, Day, Year<br>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. attended the deceased from 6-20-58 to 7-29-58 and last saw <sup>100</sup> him alive on 7-29-58<br>Death occurred at 3:15 P m on the date stated above; and to the best of my knowledge, from the causes stated. |                           |   |  |   |  |
| 22a. SIGNATURE <i>Joseph Hattie</i> (Degree or title)<br><i>, M.D.</i>  |                           |   | 22b. ADDRESS<br>2601 Whittier Street   |   | 22c. DATE SIGNED<br>7-31-58  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  |                           | 23b. DATE<br>Aug. 4, 1958   | 23c. NAME OF CEMETERY OR CREMATORY<br>Washington Park  |   | 23d. LOCATION (City, town, or county) (State)<br>St. Louis Co. Mo.         |
| 24. FUNERAL DIRECTOR<br>J. H. RANDLE & SON ADDRESS<br>3133 Bell Ave.  |                           |   | 25. DATE RECD. BY LOCAL REG.<br>AUG 2 1958   | 26. REGISTRAR'S SIGNATURE<br><i>J. Earl Smith, M.D.</i>     |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Euler K. Harris* .....

Licensed Embalmer No. *4458*  
P. O. Address *4181 Washu*

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.