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SL 17082

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031119
STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7409

FILED AUG 28 1958

S. 300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE ILLINOIS b. COUNTY SAINT CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN E. ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 2236 MISSOURI	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES WILLIAMS		4. DATE OF DEATH Month Day Year JULY 28, 1958	
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/11/16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) NOYUBEE, MISSISSIPPI
13a. FATHER'S NAME JOHN R. WILLIAMS		13b. MOTHER'S MAIDEN NAME MINNIE (UNKNOWN)	14. NAME OF HUSBAND OR WIFE MINNIE WILLIAMS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give dates of service) YES WW-2		16. SOCIAL SECURITY NO. 426-14-6764	17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY TUBERCULOSIS PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 5 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - DUE TO (c) - - - 002X			-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES - POSSIBLE RECURRENT PNUMOTHORAX			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year 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 6/22/58 to 7/28/58 and last saw him alive on 7/28/58		Death occurred at 2:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) J.H. Johnson M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 7/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7/29/58	23c. NAME OF CEMETERY OR CREMATORY NATHAN A. Cemetery	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO
24. FUNERAL DIRECTOR Marion E. Officer, 2114 Mo. Ave. E. St. Louis, Mo. (Licensed Embalmer - Statement on Reverse Side)		25. DATE RECD. BY LOCAL REG. JUL 29 58	26. REGISTRAR'S SIGNATURE Carl Smith MD SP

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

VS
APR 9
1956

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 *Frank Brown*

Licensed Embalmer No. *4356*

P. O. Address *St. Louis, Mo.*

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.