

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003639  
State File No. ....

FILED JAN 28 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **2 485**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6003<sup>A</sup> Clemens</b>		d. STREET ADDRESS (If rural, give location) <b>205<sup>9</sup> 6003<sup>A</sup> Clemens</b>	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
<b>Allie Mae Jones Williams</b>				<b>Jan 14 1959</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6/27/1904</b>	9. AGE (In years last birthday) <b>54</b>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Elementary Teacher</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Raymond, Mississippi</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Eddie P. Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Mary McRae</b>	14. NAME OF HUSBAND OR WIFE <b>Leroy H. Williams</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>494-42-4999</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary J. Jones</b>	ADDRESS <b>6003<sup>A</sup> Clemens</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBROVASCULAR ACCIDENT</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.		DUE TO (b) <b>CANCER OF PANCREAS</b>		<b>MOS.</b>
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>157X</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **JAN 11, 1959**, to **JAN 14, 1959**, that I last saw the deceased alive on **JAN 11, 1959**, and that death occurred at **1:40 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert S. Karol M.D.</b>	(Degree or title)	23b. ADDRESS <b>2560a Woodson</b>	23c. DATE SIGNED <b>1/15/59</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/17/59</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>5500 Brown Rd. St. Louis, Mo</b>
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DATE REC'D BY LOCAL REG. <b>JAN 15 '59</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Bruce</b>	ADDRESS <b>4469 Washington</b>
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(Licensed Embalmers' Statement on Reverse Side)

WHILE PRINTING USING UNFADING INK MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed *Frederick P. Stark*

Licensed Embalmer No. *4599*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.