OURL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 21 1959

59-038224

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 9364

MENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. John's Hospital — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4207 Connecticut St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MARY Middle E. Last WILLIAMS

4. DATE OF DEATH Month Oct. Day 12 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 12-30-1877

9. AGE (last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Highland, Ill.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown Bender

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Late Thomas J.Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. _____

17. INFORMANT Crestwood, Address Mo. Thomas J. Williams Jr.1421 Dublin

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 8 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis generalized — Unknown

DUE TO (c) 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 June 29 '59, to Oct 12, 1959 and last saw her alive on 10/12/59
Death occurred at 7:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) McMissey J MD

22b. ADDRESS 634 McGrand

22c. DATE SIGNED 10/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)

23b. DATE 10-15-1959

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) Edwardsville, Ill.

24. FUNERAL DIRECTOR Kriegshauser — ADDRESS 4228 S.Kingshighway

25. DATE RECD. BY LOCAL REG. OCT 13 '59

26. REGISTRAR'S SIGNATURE Karl Smith. M.D. M.G.B.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Elmer A. McAlister

Signature of Student Embalmer

Licensed Embalmer No. 3024

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.