

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 25 1966

STATE FILE NUMBER **60-009080**

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 1860**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b OR D.O.A. _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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 ADDRESS 4211 Clay Avenue (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Charles Middle _____ Last Williams			DATE OF DEATH Month February Day 16 Year 1960		
5. SEX male		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 4-23-1892		9. AGE (last birthday) 67		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) Lineman - retired		10b. KIND OF BUSINESS OR INDUSTRY Construction Co		11. BIRTHPLACE (City and state or country) Ray County, Tennessee	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Williams		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Mary C. Williams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st World War		16. SOCIAL SECURITY NO. 494-07-4901A	
17. INFORMANT Mrs. Mary C. Williams, 4211 Clay Avenue		17. ADDRESS _____			

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 DUE TO (b) arteriosclerotic Cardiovascular Disease DUE TO (c) 420.1		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 Hour _____ a.m. _____ p.m. Month, Day, Year _____					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>June 14, 1947</u> to <u>Feb 16, 1960</u> and last saw him live on <u>Feb 15, 1960</u> Death occurred at <u>7:50 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) <i>Charles C. Mollen, M.D.</i>		22b. ADDRESS 3121 N. Grand		22c. DATE SIGNED Feb 16/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb. 19, 1960		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri		24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair		25. DATE RECD. BY LOCAL REG. FEB 17 1960	
		26. REGISTRAR'S SIGNATURE <i>Carl Smith, M.D.</i>			

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. H. Kay

Licensed Embalmer No. *3737*

P. O. Address *St. Louis Mo*

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