

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017663

FILED VS APR 22 1960 317

Registration District No. \_\_\_\_\_ Primary Registration District No. 541 Registrar's No. 1090 STATE FILE NUMBER

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Clayton</u>                              |  | Length of stay in 1b<br><u>18 Dys.</u>  | c. CITY OR TOWN<br><u>Kirkwood</u>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>County Hospital</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>120 S. Holmes Ave</u> |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                    |  |   |   |

|  |                                 |   |   |   |   |
|--|---------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Alice</u> Middle _____ Last <u>Williams</u>                            |                                 |   | 4. DATE OF DEATH<br>Month <u>3</u> Day <u>29</u> Year <u>1960</u>   |   |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>Col.</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Dec. 13, 1873</u>                            | 9. AGE (last birthday)<br><u>87</u>                                   | IF UNDER 1 YEAR<br>Months <u>4</u> Days <u>14</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Teacher</u>          |                                 | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>EDUCATION</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Lake Port Ark.</u> |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>      |
| 13a. FATHER'S NAME<br><u>? Howard</u>  |                                 | 13b. MOTHER'S MAIDEN NAME<br><u>Carrie Jones</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>? Williams</u>                      |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO.</u> |                                 | 16. SOCIAL SECURITY NO.<br><u>NO.</u>   |   | 17. INFORMANT<br><u>Skyler Walker</u> Address <u>120 S. Holmes Av</u> |   |

|  |                           |                                  |
|--|---------------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                           | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a)  | <u>Metabolic acidosis</u> |                                  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>toxemia</u> |                                  |
| DUE TO (c)   | <u>Ulcerative Colitis</u> |                                  |

|  |  |   |  |
|--|--|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Kidney structure &amp; infection part up</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|--|--|---|--|

|  |   |   |              |
|--|---|---|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.  | Month, Day, Year _____  |   |              |
| 20d. INJURY OCCURRED WHILE AT WORK <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. I attended the deceased from 3-10-60 to 3-29-1960 and last saw her 3-29-1960 alive on 3-29-1960  
Death occurred at 10:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                               |   |   |                                    |
|--|-------------------------------|---|---|------------------------------------|
| 22a. SIGNATURE (Ink or blue ink)<br><u>[Signature]</u>                         |                               | 22b. ADDRESS<br><u>601 S. Brentwood, Clayton, Mo</u>            |   | 22c. DATE SIGNED<br><u>3-30-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                     | 23b. DATE<br><u>4/2, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Father Dickson Cem</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Crestwood MO.</u> |                                    |
| 24. FUNERAL DIRECTOR<br><u>John W. Hemphill</u> ADDRESS <u>408 S. Fillmore</u> |                               | 25. DATE RECD. BY LOCAL REG.<br><u>4-1-60</u>                   | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u>                       |                                    |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 25 1962

### 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 Leaffie E. Cooper

Licensed Embalmer No. 4600

P. O. Address 4648 St. Fer  
St. Louis

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.