

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 25 1960

=60-021692

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5070

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Length of stay in lb 5 years		c. CITY OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA- Homer G. Phillips Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1722A R. Franklin Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Albert Williams				4. DATE OF DEATH Month Day Year 5 - 10 - 1960			
5. SEX Male		6. COLOR OR RACE Colored		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		8. DATE OF BIRTH 11-11-1921	
9. AGE (last birthday) 38 years		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Tallulah, Louisiana	
12. CITIZEN OF WHAT COUNTRY U. S. A.							
13a. FATHER'S NAME Chance Williams				13b. MOTHER'S MAIDEN NAME Elicie Holton		14. NAME OF HUSBAND OR WIFE Ethel Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Address Sarah Scott - 1722A Franklin Avenue	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive intra cranial hemorrhage Fractured skull Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 902.0 - 21
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the original disease condition given in PART I (a) Stuffed with blood and fell over							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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (If mer nature of injury in PART I or PART II, item 18) Stuffed with blood at 1726 Franklin Ave			
20c. TIME OF INJURY Hour a.m. p.m. 5 10 60		Month, Day, Year an May 10th 1960					
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.) St Paul		20f. CITY, TOWN, OR LOCATION St Louis Mo		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 332 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Patrick Taylor Carrawe				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 5.13.60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/16/1960		23c. NAME OF CEMETERY OR CREMATORY Father Dixon Cemetery		23d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri	
24. FUNERAL DIRECTOR Gus Lowe - 2930 Dickson Street				25. DATE RECD. BY LOCAL REG. MAY 13 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D. <i>mjs</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 Leroy W. Farnsworth

Licensed Embalmer No. 4523

P. O. Address 4251 Wood

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.