

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**

**-60-028937**

**FILED VS. JUL 22 1960**

**318**

**1003**

**7022**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>929 N 19 St</b>		d. STREET ADDRESS (If outside, give location) <b>929 N 19 St</b>	

3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>WILLIAMS</b> Last <b>WILLIAMS</b>			4. DATE OF DEATH Month <b>7</b> Day <b>10</b> Year <b>60</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Color</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/20/24</b>	9. AGE (last birthday) <b>36</b>	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) <b>WABASH R.R. LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CLARK DALE, MISS</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>JAMES WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>EVYLN EVANS</b>		14. NAME OF HUSBAND OR WIFE <b>LILLIE MAY WILLIAMS</b>		

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>425-483486</b>	17. INFORMANT <b>Miss Lillie May Williams 2920 Holmes</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Pneumonia</b>		<b>2 days</b>
DUE TO (b) <b>Pulmonary Fibrosis</b>		<b>1 year</b>
DUE TO (c) <b>Possible Tuberculosis</b>		<b>1 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
<b>2/3-60</b>		<b>002x</b>
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 Month, Day, Year s.m. p.m.		

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 <b>3-18-59</b> to <b>6-30-60</b> and last saw him alive on <b>6-30-60</b> Death occurred at <b>7-16-60</b> at <b>7:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Doctor or title) <b>Edwell J. Gaffney</b>	22b. ADDRESS <b>C. J. GAFFNEY, M. D. 2816 N. KINGSHIGHWAY ST. LOUIS 13, MO.</b>	22c. DATE SIGNED <b>JUL 12 1960</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-16-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAK Dale</b>
24. FUNERAL DIRECTOR <b>Missie Mae 2410 N. Grand</b>	25. DATE RECD. BY LOCAL REG. <b>JUL 13 1960</b>	26. REGISTRAR'S SIGNATURE <b>Head Smith, M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

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 H. Bonnick*

Licensed Embalmer No. 4523

P. O. Address 4257 Washington

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.