

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-039394

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10370

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

OR COUNTY RECORD

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4474 Cook</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4474 Cook Apt 3</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>Williams</u> Last			4. DATE OF DEATH Month <u>11</u> - Day <u>6</u> - Year <u>61</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-14-07</u>	9. AGE (last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lab.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo Pacific Railroad</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Tom Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy McFell</u>		14. NAME OF HUSBAND OR WIFE <u>IRENE Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W.W.I.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Irene Williams</u> Address <u>4474 Cook Ave Apt 2</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEART FAILURE</u> DUE TO (b) <u>RHEUMATIC HEART DISEASE</u> DUE TO (c) <u>416x</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
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 <u>5:30</u> 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 <u>November 16, 1960</u> to <u>Oct 25, 1961</u> and last saw him alive on <u>Oct 25, 1961</u> Death occurred at <u>NOV 7, 1961 5:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Charles B. Keble, M.D.</u> (Degree or title)			22b. ADDRESS <u>1755 So. Grand</u>		22c. DATE SIGNED <u>Nov 7-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-12-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Jefferson Barracks</u>		23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks MO.</u>	
24. FUNERAL DIRECTOR <u>J. McClendon</u> ADDRESS <u>4535 Washington</u>			25. DATE RECD. BY LOCAL REG. <u>NOV 8 1961</u>		26. REGISTRAR'S SIGNATURE <u>Lead Smith, M.D.</u>

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 _____
Signature of Student Embalmer

Signed Jefferson McQuinn
Licensed Embalmer No. 5072
P. O. Address 4535 Wash.

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.