MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017395
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4567

FILED MAY 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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20500-45
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4 1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis
Length of stay in 1b: 2 DAYS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: Arnold
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Rt 5-Box 33.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Anna Middle: Marie Last: Williams

4. DATE OF DEATH: Month: May Day: 1 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 1-14-1893
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months: 3 Days: 18 IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Barney Picker
13b. MOTHER'S MAIDEN NAME: Unkown
14. NAME OF HUSBAND ~~OR WIFE~~ DECEASED: Frank B. Williams.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: Nil
17. INFORMANT: George Williams Address: R15-Box 33 Arnold Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.0

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. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan. 1962 to 5-1-62 and last saw her alive on 5-1-62
Death occurred at 7:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Albert J Grade (Degree or title) MD
22b. ADDRESS: 3606 Gravois
22c. DATE SIGNED: 5-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 4-1962
23c. NAME OF CEMETERY OR CREMATORY: St Trinity Lutheran Cem.
23d. LOCATION (City, town, or county) (State): Lemay Mo.

24. FUNERAL DIRECTOR: Fey Funeral Home ADDRESS: Mehlville, Mo.
25. DATE RECD. BY LOCAL REG.: MAY 4 1962
26. REGISTRAR'S SIGNATURE: Hal Smith. M.D.

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 329

P. O. Address St Louis Mo

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.