

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025343

STATE FILE NUMBER

Registration District No. SL-26670 XC-2 231 880 Primary Registration District No. _____ Registrar's No. 6269

FILED JUL 2 1962
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b **LIFE**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **VAH, ST. LOUIS, MO.** Inside Limits Yes No
d. STREET ADDRESS **1083 MC CAUSLAND AVE.** (If outside, give location) Inside Limits Yes No

3. NAME OF DECEASED First Middle Last **SAMUEL V. WILLIAMS**
4. DATE OF DEATH Month Day Year **JUNE 21 1962**
5. SEX **MALE** **6. COLOR OR RACE** **CAUC.** **7. Married** Never Married Widowed Divorced
8. DATE OF BIRTH **7-3-00** **9. AGE** (last birthday) **61** IF UNDER 1 YEAR Months **11** Days **18** IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **LABORER** **10b. KIND OF BUSINESS OR INDUSTRY** -----
11. BIRTHPLACE (City and state or country) **ST. LOUIS, MO.** **12. CITIZEN OF WHAT COUNTRY** **U.S.**
13a. FATHER'S NAME **FRANKLIN F. WILLIAMS** **13b. MOTHER'S MAIDEN NAME** **PEARL VAN SCOUTEN** **14. NAME OF HUSBAND OR WIFE** **ANN WILLIAMS**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) **YES**
17. INFORMANT **ANN WILLIAMS** Address **1083 Mc Causland**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **MELANO CARCINOMA GENERAL MATASTASES**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) **1909**

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 **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 **6-4-62** **11:25 p.m.** **to** **6-21-62** **and last saw him alive on** **6-21-62**
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **STUART MEYER** (Degree or title) **M.D.** **22b. ADDRESS** **VAH, ST. LOUIS, MO.** **22c. DATE SIGNED** **6-22-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **23b. DATE** **June 25, 1962** **23c. NAME OF CEMETERY OR CREMATORY** **Memorial Park Cem.** **23d. LOCATION** (City, town, or county) **St. Louis, Co., Mo.** (State)

24. FUNERAL DIRECTOR **A. H. BOCKLAGE** ADDRESS **6536 Clayton Rd.** **25. DATE RECD. BY LOCAL REG.** **JUN 25 1962** **26. REGISTRAR'S SIGNATURE** **Coal Smith. M.D.**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
2 **20**
3
4 **0**
5 **1**
6
7 **0**
8 **1**
9
10
11
12 **830**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

83

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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address 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.