MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030660

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7333

FILED JUL 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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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
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DOA Homer Phillips — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY
c. CITY OR TOWN: St Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 5566 Kates — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Arria — Middle — Last Williams
4. DATE OF DEATH: Month July — Day 13 — Year 1963
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH: 30 June 42
9. AGE (last birthday): 21 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): La
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Noblee Williams
13b. MOTHER'S MAIDEN NAME: Theresa McDonald
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates o: No — SOCIAL SECURITY NO.
17. INFORMANT: Willie Mae White — Address: 2615 Belt

MEDICAL CERTIFICATION

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): Bilateral complete atelectasis of both lungs Contrib: Stabwounded of heart suffered when stabbed with knife in hands of one Nellie Taylor
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): in vicinity of 1212 Elliott about 8:30 PM on 7-13-63
DUE TO (c): Homicide
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 982x
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.) (See above)
20c. TIME OF INJURY: Hour ~~a.m.~~ p.m. 8:30 — Month, Day, Year 7-13-63
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.): Street
20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY — STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 10:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph M Quinn — Deputy Coun
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 7-15-63
23a. BURIAL, CREMATION, REMOVAL (Specify): Cremoval
23b. DATE: 19 July 63
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Mia Range La
24. FUNERAL DIRECTOR: Reliable Funeral Sys — ADDRESS: 1389 N Union
25. DATE RECD. BY LOCAL REG.: JUL 16 1963
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Pigatt

Licensed Embalmer No. 4441

P. O. Address 1389 Union

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.