

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 28333
7508
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Bethesda Hosp. O
(d) Length of stay: 11 months
In this community 11 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 9th
(c) City or town Webster Groves
(d) Street No. 109 E. Big Bend Rd
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Constantine Williams
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 27th
year 1948 hour 12 minute 6 A.M.
21. I hereby certify that I attended the deceased from Aug 5
1947 to Aug 27 1948
that I last saw him alive on Aug 26 1948
and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Jake Williams
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased March 22, 1872
(Month) (Day) (Year)

Immediate cause of death Myocarditis - clu
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

8. AGE: Years 76 Months 5 Days 5
9. Birthplace Illinois
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business
12. Name Wm
13. Birthplace Wm
14. Maiden name Wm
15. Birthplace Wm

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Willard E. Miller
(b) Address 922 E. Belt Ave St. Louis
17. (a) Burial (b) Date thereof 8/29/48
(c) Place: burial or cremation Bellef, Mo
18. (a) Signature of funeral director Clyde Morton
(b) Address Box 255, Dismal, Mo
19. (a) AUG 27 1948 (b) J. F. Berlaak

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
(e) Means of injury
23. Signature J. W. Henderlite (M. D. or other)
Address 6500 Olive Date signed 8-27-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Vernon M. Morton, Registered Apprentice No. 4125
working under my personal supervision.

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Box 255, Lima

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 this body is not embalmed, fact should be so stated above.