

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28751

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BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2023

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> 46	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CO HOSPITAL</u>		d. STREET ADDRESS (If rural, give locality) <u>6417 SUBURBAN AVE.</u> 5	
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>DEAN</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1949</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 13, 1887</u>
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RIVITOR</u>	11. BIRTHPLACE (State or foreign country) <u>BRADFORD CO PENNSY</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RIVITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CURTIS WRIGHT CO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN F. WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE BURESS</u>	14. NAME OF HUSBAND OR WIFE <u>LUCILLE M. WILLIAMS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>500-16-2450</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LUCILLE M. WILLIAMS</u> ADDRESS <u>6417 SUBURBAN AVE</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerotic cardiovascular disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4-21</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Aug. 12, 1949</u> , to <u>Aug. 19, 1949</u> , that I last saw the deceased alive on <u>Aug. 19, 1949</u> , and that death occurred at <u>6:10pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jack A. Greig, M.D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>AUG 22-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL CEMETERY</u>	
24d. LOCATION (City, town, or county) <u>ST. LOUIS CO. - MISSOURI</u> (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard R. L...</u> ADDRESS <u>SHEPARD FUNERAL HOME - 1167 HAMILTON AVE</u>	
DATE REC'D BY LOCAL REG. <u>8-20-49</u>		REGISTRAR'S SIGNATURE _____	

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

W-31.

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
Student Embalmer

Signed

Elmo R. Cadwell

Licensed Embalmer No.

4077

P. O. Address _____

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.