

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28807

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2036

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>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp. 11</u>		d. STREET ADDRESS (If rural, give location) <u>423 Buckingham Dr.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u>		b. (Middle) <u>H.</u>	
		c. (Last) <u>Williams</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug, 23 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>Aug. 31, 1874</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 2 WKS. Hours <u> </u> Mtn. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>American Stove Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Cleveland, Ohio. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Henry Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Leach</u>	
14. NAME OF HUSBAND OR WIFE <u>Helena E. Williams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-07-2588</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W. G. ADDRESS Mrs. A. H. Ellerbrock 423 Buckingham Dr.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
<p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardio-renal</u></p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Due to (b) <u>vascular disease</u></p> <p>Due to (c) <u>Diabetes Mellitus</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <u>Cause</u></p>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>St. Louis</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>26 ft</u>			
22. I hereby certify that I attended the deceased from <u>July, 1948</u> , to <u>Aug 23, 1949</u> , that I last saw the deceased alive on <u>Aug 22, 1949</u> , and that death occurred at <u>7:23 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. G. DeLoach</u> (Degree or title)		23b. ADDRESS <u>Webster Groves Mo</u>	
23c. DATE SIGNED <u>Aug 24 '49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Afton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-27-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donk, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>		ADDRESS <u>Colonial Mort. 6464 Chippewa</u>	

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

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WG-66

Dr. O. G. Seabough

1052 Lakewood

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.

Signed _____

Harry J. Schumacher

Signed _____

Student Embalmer

Licensed Embalmer No. _____

2679

P. O. Address _____

7874 T. Broadway

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.