

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35706

State File No. 9209

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> (13) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> (13) | |
| c. LENGTH OF STAY (in this place) <u>40</u> | | d. STREET ADDRESS (If rural, give location) <u>4293 Woodman and</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u> | | | |

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|---|--|--|--|---|--|--|--|
| 3. NAME OF DECEASED a. (First) <u>Isreal</u> | | b. (Middle) | | c. (Last) <u>Williams</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22 1949</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>C</u> | | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | | 9. AGE (In years last birthday) <u>23</u> | |
| 8. DATE OF BIRTH <u>Feb 9-1876</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>nil</u> | | 11. BIRTHPLACE (State or foreign country) <u>Houston Texas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME <u>Eric Williams</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Williams</u> | | 14. NAME OF HUSBAND OR WIFE <u>Isreal</u> | |

| | | | | | | | |
|--|--|-------------------------|--|--|--|---------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Gregory</u> | | ADDRESS | |
|--|--|-------------------------|--|--|--|---------|--|

| | | | | | | | |
|--|--|--------------------------------|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Gangrene of left Leg</u> | | with Amputation | | | | <u>Undet.</u> | |
| ANTECEDENT CAUSES | | DUE TO (b) <u>Undetermined</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | None | | | | | |
| 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"/> | |
| 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 MO</u> | | | |
| 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? <u>H301</u> | | | |

22. I hereby certify that I attended the deceased from 10-3, 1949, to 10-22, 1949, that I last saw the deceased alive on 10-22, 1949, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---|--|
| 23. SIGNATURE (Degree or title) <u>Montague Lawrence</u> | | 23b. ADDRESS <u>2601 N Whittier St</u> | | 23c. DATE SIGNED <u>10-24-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>10-27-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | |
| 24d. LOCATION (City, town, or county) (State) | | 24e. NAME OF FUNERAL DIRECTOR'S SIGNATURE <u>J B Foster</u> | | 24f. ADDRESS <u>2749 Chouteau</u> | |
| DATE REC'D BY LOCAL OFFICE <u>Oct 26 1949</u> | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR'S SIGNATURE | |

(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

Student Embalmer

Signed.....

J J Stator

Licensed Embalmer No. *269 A*

P. O. Address *2769 Ch...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

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