No. 300
10.48

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3157
Registrar's No. 740

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY ~~ST. LOUIS, MISSOURI~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 176
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 3035 Rutger St

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle)
c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) JAN. 20, 1950

5. SEX Male
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —
8. DATE OF BIRTH June 6/1900
9. AGE (In years last birthday) 49 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser
10b. KIND OF BUSINESS OR INDUSTRY Cleaning-Pressing
11. BIRTHPLACE (State or foreign country) Columbia Miss
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Will Williams
13b. MOTHER'S MAIDEN NAME Mary Williams
14. NAME OF HUSBAND OR WIFE Leathea Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-20-2996
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Irene Porter 2835 Choteau

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebello-pontine angle tumor — 2 yrs.
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 1/18/50
19b. MAJOR FINDINGS OF OPERATION Cerebello-pontine angle tumor
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN. 11, 19 50, *to* JAN. 20, 19 50, *that I last saw the deceased alive on* JAN. 20, 19 50, *and that death occurred at* 8:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE F R Bradley (Degree or title) MD
23b. ADDRESS Barnes Hospital,
23c. DATE SIGNED 1/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 28, 1950
24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem
24d. LOCATION (City, town, or county) Kirkwood (State) Missouri

DATE REC'D BY LOCAL REG. JAN 24 1950
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McClure & Foundtree 3703 Choteau ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 .....

..... ~~Student Embalmer No.~~ .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leroy U. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Av

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.