S. No. 300
. 10.48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3244

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 00027

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 47/3
d. STREET ADDRESS (If rural, give location): 209 W. Rose Hill Ave. 1

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

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 24, 1893
9. AGE (In years last birthday): 56 — If under 1 year: Months 4, Days 10; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Groves Laboratories
11. BIRTHPLACE (State or foreign country): St. Clair, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Williams
13b. MOTHER'S MAIDEN NAME: Emily Lindsey
14. NAME OF HUSBAND OR WIFE: Lucille Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: 334-01-8294
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lucille Williams
ADDRESS: Kirkwood, Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cause unknown — INTERVAL BETWEEN ONSET AND DEATH: unk

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.

7955

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 795.5
20. AUTOPSY? YES ☐ 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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert R. Donke, Registrar - Vital Statistics
23b. ADDRESS: 651 So. Brentwood Blvd. St. Louis County Health Dept.
23c. DATE SIGNED: 1/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/7/50
24c. NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery
24d. LOCATION (City, town, or county) (State): Kirkwood, Mo.

DATE REC'D BY LOCAL REG.: 1-7-49
REGISTRAR'S SIGNATURE: Herbert R. Donke, MD
25. FUNERAL DIRECTOR'S SIGNATURE: Louis H. Bopp, Inc.
ADDRESS: Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 28 1950

AUG 19 1957

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 Peter B Dubrow Jr

Licensed Embalmer No. 769

P. O. Address Richmond Heights Co. Mo

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.