

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3502**
Registrar's No. **00053**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Normandy		c. LENGTH OF STAY (In this place) 1-Day		c. CITY (If outside corporate limits, write RURAL and give township) Overland City		4230	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy, Osteopathic Hospital				d. STREET ADDRESS (If rural, give location) 9009-Arroyo Avenue			
3. NAME OF DECEASED (Type or Print) Frances		a. (First) Lucretia		b. (Middle) Williams		c. (Last)	
4. DATE OF DEATH Jan. 6, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 15, 1903		9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months 9 Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Brazil, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Guy Grizzell		13b. MOTHER'S MAIDEN NAME Mary Oberbeck		14. NAME OF HUSBAND OR WIFE Lawrence J. Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence J. Williams, 9009-Arroyo Ave.			
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) Carcinoma of lower bowels 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 Hemorrhage of Colon				INTERVAL BETWEEN ONSET AND DEATH app 1 yr. 253X 1 day	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? 153X 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ✓			
22. I hereby certify that I attended the deceased from Jan 2, 1950 , to Jan 6, 1950 , that I last saw the deceased alive on Jan 6, 1950 , and that death occurred at 1:50 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. J. F. Snyder M.D.				23b. ADDRESS 2573 Woodson Rd.		23c. DATE SIGNED 1-6-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-9-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) Pattonville Mo.	
DATE REC'D BY LOCAL REG. 1-8-50		REGISTRAR'S SIGNATURE Berbert R. Donke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Baumann Bros. Inc. 2504-Woodson Rd-Overland-11-Mo.			

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 3454

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland, 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.