

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6900
1975

| | | | | | | | | |
|--|-----------------------------|---|--|---|--|--|---|--|
| 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 _____ b. COUNTY _____ | | | | |
| b. CITY OR TOWN <u>ST. Louis</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>St Louis</u> | | 7-21-9 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2839 E Dickson</u> | | | | d. STREET ADDRESS (If rural, give location) <u>21-2839 E Dickson</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anthony</u> | | | b. (Middle) <u>Williams</u> | | c. (Last) <u>son</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25, 1950</u> | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>Col</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec 25, 1978</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR: Months _____ Days _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Miss.</u> | | 12. CITIZEN OF WHAT COUNTRY? _____ | | |
| 13a. FATHER'S NAME <u>Anthony Williams</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Maria Green</u> | | 14. NAME OF HUSBAND OR WIFE <u>Louisa Williams</u> | | | |
| 15. WAS DECEASED EVER IN MILITARY FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louisa Williams 2839 Dickson</u> | | | | |
| 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, asphyxia, etc.* It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>① Cardiac Decompensation</u> <u>② Ur毒症 ③ Pulmonary Congestion</u> Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chr. nephritis</u> DUE TO (c) <u>chr. myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND 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) _____ | | 21d. HOW DID INJURY OCCUR? _____ | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. I hereby certify that I attended the deceased from <u>Feb 24, 1950</u> , to <u>Feb 25, 1950</u> , that I last saw the deceased alive on <u>Feb 24, 1950</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>S. R. Barrett M.D.</u> | | | 23b. ADDRESS <u>28350 Easton</u> | | 23c. DATE SIGNED <u>2-25-50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar 2/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Kennwood Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u> | | |
| DATE REC'D BY LOCAL REG. <u>MAR 1 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Frazier</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. A. Green 4214 Delmar</u> | | | | |

(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.....

J. A. Green

..... Licensed Embalmer No. 2963.....

..... P. O. Address 4214 Delmar.....

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.