S. No. 300
10-48

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11279
Registrar's No. 2096

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

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

1. PLACE OF DEATH
a. COUNTY Homer Philip Hospital
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HOMER PHILIP HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS 2259
d. STREET ADDRESS (If rural, give location) 23-1338 GAY ST

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

4. DATE OF DEATH (Month) (Day) (Year) 2-28-50

5. SEX Male
6. COLOR OR RACE 2-Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced-3
8. DATE OF BIRTH 10-1-1899
9. AGE (In years last birthday) ~~Abt~~ 50 — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Parking Lot
11. BIRTHPLACE (State or foreign country) ST LOUIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN A. WILLIAMS-Sr
13b. MOTHER'S MAIDEN NAME UNK
14. NAME OF HUSBAND OR WIFE UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Nil (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME JOHN Taylor — ADDRESS 1720 BIDDLE ST

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) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c) Cardiac Hypertrophy

II. OTHER SIGNIFICANT CONDITIONS
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 [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) 4201
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 900A m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Queen Deputy Coroner B (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 3/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-6-50
24c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETARY
24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY

DATE REC'D BY LOCAL REG. MAR 4 1950
REGISTRAR'S SIGNATURE J. B. Forster
25. FUNERAL DIRECTOR'S SIGNATURE Lowe Funeral Home — ADDRESS 2930 DICKSON

(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 Arthur L. Heilland

Licensed Embalmer No. 42221

P. O. Address 4049 ST Ferdinand

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.