

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15126

State File No. \_\_\_\_\_  
Registrar's No. 3390

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____		Registrar's No. <u>3390</u>				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) <u>33 yrs.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			<u>2219</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2818 a Mill St.</u>				d. STREET ADDRESS (If rural, give location) <u>21- 2818 a Mill St.</u>								
3. NAME OF DECEASED (Type or Print) <u>Mary McSpadenn Williams</u>			a. (First)			b. (Middle)			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 8 - 1950</u>			5. SEX <u>Female 3</u>			6. COLOR OR RACE <u>Colored</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>			
8. DATE OF BIRTH <u>Dec. 21, 1875</u>			9. AGE (in years last birthday) <u>74</u>			IF UNDER 1 YEAR Months _____ Days _____			IF UNDER 4 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Huntington, Tenn</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>493-05-1814</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nettie Byrd, daughter, 2818a Mill St.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Chronic Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 Month</u> <u>unknown</u> <u>unknown</u>		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>592X</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>3/7</u> , 19 <u>50</u> , to <u>4/8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 8, 1950</u> , and that death occurred at <u>1:30 Am.</u> , from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <u>D. E. Wilson, D.M.D.</u>				23b. ADDRESS <u>8097 Jefferson</u>				23c. DATE SIGNED <u>4/8/50</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4 - 13 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>					
DATE REC'D BY LOCAL REG. <u>APR 12 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ELLIS FUNERAL HOME, INC., 2820 Stoddard St.</u>						

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13

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.