

S. 60-300  
V. 10-48

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18868

State File No. ....

Registrar's No. 1340

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>3543 Oxford Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>3543 Oxford Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>	b. (Middle) <b>E.</b>	c. (Last) <b>WILLIAMS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 25, 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Dec. 8, 1874</b>	9. AGE (In years last birthday) <b>76</b>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Perkins</b>	13b. MOTHER'S MAIDEN NAME <b>Carroll</b>	14. NAME OF HUSBAND OR WIFE <b>Frank Williams (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fred McGinnis</b>	ADDRESS <b>3543 Oxford</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-myelitis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b> <b>14 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chr. Arthritis</b>		
	DUE TO (c) _____		
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 <b>722.0</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2/17**, 19**50** to **5/25**, 19**50**, that I last saw the deceased alive on **5/23**, 19**50**, and that death occurred at **4:15 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>E. E. Remann M.D.</b>	23b. ADDRESS <b>2901 Big Bend Pl.</b>	23c. DATE SIGNED <b>5/26/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 27, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 26, 1950</b> <b>Herbert R. Doube</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Croghan</b>	ADDRESS <b>7146 Manchester Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Thomas  
Big Bend*

**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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*J. Allen Davis Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4053*

P. O. Address.....

**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.