

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25419

State File No.

6678

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000a		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE of deceased lived. If institution: residence before admission. a. STATE Missouri b. COUNTY _____				
b. CITY OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		2129		
d. FULL NAME OF HOSPITAL OR INSTITUTION Horner Phillips Hosp. St. Louis				d. STREET ADDRESS (If rural, give location) 4736 Newberry Terrace				
3. NAME OF DECEASED (Type or Print) Ethel Williams			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)		
8-4-50								
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 15, 1910		
9. AGE (in years last birthday) 40		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR 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 _____			11. BIRTHPLACE (State or foreign country) Memphis, Tenn		
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Joseph Stovall		13b. MOTHER'S MAIDEN NAME Rose Matthers		14. NAME OF HUSBAND OR WIFE George Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Sam Ward ADDRESS 4736 Newberry, Tenn				
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) _____		INTERVAL BETWEEN ONSET AND DEATH _____						
ANTECEDENT CAUSES		DUE TO (b) Carcinoma of right breast						
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 _____				20. AUTOPSY? YES <input checked="" 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) _____				
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"/>		21f. HOW DID INJURY OCCUR? 170X				
22. I hereby certify that I attended the deceased from 5:15 A , 19 50 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE Joseph M. [Signature] (Degree or title) _____				23b. ADDRESS 1300 Clair		23c. DATE SIGNED 8/5/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-5-50		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Memphis, Tenn		
DATE REC'D BY LOCAL REGISTRY AUG 5 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry ADDRESS 4202 Finney				

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Melvin E. Glee

Licensed Embalmer No. 4728

P. O. Address St. Louis, 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.