

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25421
3978

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6257 Hoffman		d. STREET ADDRESS (If rural, give location) 6257 Hoffman avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Williams c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) July 10 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH Dec 26, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years last birthday) 53
11. BIRTHPLACE (State or foreign country) DeSoto, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Williams		13b. MOTHER'S MAIDEN NAME Elizabeth Gardner	14. NAME OF HUSBAND OR WIFE Ada Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY 702-09-2905	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ada Williams-6257 Hoffman
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) Chronic Degenerative Myocarditis ANTECEDENT CAUSES DUE TO (b) Arterio-sclerosis DUE TO (c) Arterial Hypertension 11. 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 type="checkbox"/> NO <input type="checkbox"/>		3 yrs.	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? #221	
22. I hereby certify that I attended the deceased from Aug 1937, to July 10, 1950, that I last saw the deceased alive on July 5, 1950, and that death occurred at 4 p. m., from the causes and on the date stated above.			
23a. SIGNATURE Hiram L. Leggett M.D.		23b. ADDRESS 3720 Washington Blvd	23c. DATE SIGNED 7/11/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Creamation	24b. DATE July 12-1950	24c. NAME OF CEMETERY OR CREMATORY Missouri Creamatory	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. JUL 11 1950	REGISTRAR'S SIGNATURE J. B. Casater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith-7456 Manchester	

(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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

J. Allen Davis Jr.

..... Licensed Embalmer No. *4253*

..... P. O. Address *St. Louis, Mo*

Signed.....
Student Embalmer

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.