

5. No. 300  
EV. 10-48

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25695  
Registrar's No. 1617

4050

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6026</u>		Registrar's No. <u>1617</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFF. BRKS</u>		c. LENGTH OF STAY (In this place) <u>29 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DE SOTO</u>		<u>8120</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET ADM HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>NOAH</u> b. (Middle) <u>(NMI)</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH <u>JUNE 30 1950</u> (Month) (Day) (Year)					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED //</u>		8. DATE OF BIRTH <u>5-11-86</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (State or foreign country) <u>DE SOTO, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>TAYLOR WILLIAMS</u>			13b. MOTHER'S MAIDEN NAME <u>FLORENCE BOILE</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>YES</u> (If yes, give year or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u> ADDRESS _____				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF TONGUE WITH METASTASIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH          <u>141X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <sup>VA</sup> attended the deceased from <u>JUNE 1</u> , 19 <u>50</u> , to <u>JUNE 30</u> , 19 <u>50</u> , <del>and that death occurred at 10:00 p. m., from the causes and on the date stated above.</del>								
23a. SIGNATURE <u>Vernon L. Smith, M.D.</u> (Degree or title) _____				23b. ADDRESS <u>JEFFERSON BARRACKS, MISSOURI</u>		23c. DATE SIGNED <u>7-1-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carbonale</u>		24d. LOCATION (City, town, or county) (State) <u>Illinois</u>		
DATE REC'D BY LOCAL REG. <u>7-1-50</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Blank, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ROWLAND MORTUARY-4106 MANCHESTER</u> ADDRESS <u>ST. LOUIS, MISSOURI</u>				

(Licensed Embalmer) Statement on Reverse Side

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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 *St Louis 10 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.