

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32006

State File No. \_\_\_\_\_

FILED SEP 22 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7798

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood St. Louis</u>	c. LENGTH OF STAY (in this place) <u>8 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood ST. LOUIS 2039</u>	d. STREET ADDRESS (If rural, give location) <u>7118 Ellendale Pl.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7118 Ellendale Pl.</u>		d. STREET ADDRESS (If rural, give location) <u>7118 Ellendale Pl.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u> b. (Middle) _____ c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9/13/50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 30 1897</u>		9. AGE (In years last birthday) <u>53</u> If under 1 year: Months <u>0</u> Days <u>13</u> If under 12 hrs. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Kingston Ontario 2</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>

13a. FATHER'S NAME <u>William Beech</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>William P. Williams</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. P. Williams, 7118 Ellendale Pl</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> <u>Breast and abdomen</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) _____		INTERVAL BETWEEN ONSET AND DEATH <u>16 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	_____		_____

19a. DATE OF OPERATION <u>May 2, 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Bowel obstruction - Sigmoidectomy performed</u>		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? <u>170X</u>		_____

22. I hereby certify that I attended the deceased from April 29, 1950, to Sept 13, 1950, that I last saw the deceased alive on Sept 13, 1950, and that death occurred at 1:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Vincent J. Gounsel m.d.</u>	23b. ADDRESS <u>3101 Sutton Ave Maplewood</u>	23c. DATE SIGNED <u>9-13-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/14/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City, Mo.</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	24e. _____	

DATE REC'D BY LOCAL REG. <u>SEP 14 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jay B. Smith Manchester 1450</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

x vitelline tract

3161 Sutton

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.....

*Robert T. Sangster*

Signed.....

Student Embalmer

Licensed Embalmer No. *4290*

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.