

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10803
2515

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 MO. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 711 BARRY ST.				e. STREET ADDRESS (If rural, give location) 711 BARRY ST.			
3. NAME OF DECEASED (Type or Print)		a. (First) MARY		b. (Middle) A.		c. (Last) WILLIAMS	
4. DATE OF DEATH		5. SEX FEMALE		6. COLOR OR RACE W.		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH JUNE 2 1872		9. AGE (In years last birthday) 78 YRS		10. IF UNDER 1 YEAR: Months _____ Days _____	
10. IF UNDER 1 YEAR: Months _____ Days _____		11. BIRTHPLACE (State or foreign country) BALTIMOR MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME CHARLES WAGNER		13b. MOTHER'S MAIDEN NAME BARBARA AROLD	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE GEORGE WILLIAMS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Myrtle M^e Grath 711 Barry St			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension				3 years	
		DUE TO (c) Nephritis				3 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 572K			
22. I hereby certify that I attended the deceased from Sept 19 50 , to March 6 19 51 , that I last saw the deceased alive on March 6 19 51 , and that death occurred at 9 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Phil Cardenker M.D.				23b. ADDRESS 3903 Olive St St. Louis 8 Mo		23c. DATE SIGNED 3/19/51	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION Buried		24b. DATE MARCH 20 51		24c. NAME OF CEMETERY OR CREMATORY CALVARY Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. MAR 19 1951		REGISTRAR'S SIGNATURE J.B. Laska		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 325 Lafayette Av			

(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.....
Student Embalmer

Signed

Joseph Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette St*

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.