

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10894

State File No. 2571

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 2114	
c. LENGTH OF STAY (In this place) 1/2 Life		d. STREET ADDRESS (If rural, give location) III7 A. N. Whittier, St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) _____ c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) March 14, 1951
5. SEX Male 2	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29, 1907
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 15 Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Henry Williams		13b. MOTHER'S MAIDEN NAME Sarah Darby	14. NAME OF HUSBAND OR WIFE Margaret Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Williams III7 A. N. Whittier	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Labor Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) exposure DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR none H90K	
22. I hereby certify that I attended the deceased from 3-8, 1951, to 3-14, 1951, that I last saw the deceased alive on 3-14, 1951, and that death occurred at 2:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Tracy S. Alexander, M.D.		23b. ADDRESS 826 N. Channing	23c. DATE SIGNED 3-16-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/21/51	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis, Co.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 19 1951 J. B. Sarater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright's Funeral Home 3100 Easton	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur C. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4740 2 Cuppe

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.