

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10945

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2066		Registrar's No. 710			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give ORC. TOWN Kirkwood		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		4138			
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Marine Hospital				d. STREET ADDRESS (If rural, give location) 13 2847 Meadowlark Avenue					
3. NAME OF DECEASED a. (First) George			b. (Middle)		c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) March 16, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, <del>WIDOWED</del> DIVORCED (Specify) Married /		8. DATE OF BIRTH DEC 14, 1896		9. AGE (in years last birthday) 54 1/2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail carrier (ret.)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unknown 9		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Emma L. Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes W.W.1			16. SOCIAL SECURITY 488-12-7329 Unknown 7133		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Hospital Admission Sheet				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal bronchopneumonia						2 days	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
		DUE TO (b) Encephalomalacia left						2 days	
		DUE TO (c) Thrombosis, middle cerebral artery,						3 days	
		II. 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 332X						20. AUTOPSY? YES <input checked="" 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?					
22. I hereby certify that I attended the deceased from March 14, 1951, to March 16, 1951, that I last saw the deceased alive on March 16, 1951, and that death occurred at 8:45 p.m., from the causes and on the date stated above.									
23a. SIGNATURE W.H. Sage, M.D. (Degree or title)				23b. ADDRESS U.S. Marine Hospital, Kirkwood, Mo.				23c. DATE SIGNED 3/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Burial Mar. 20, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)	
DATE REC'D BY LOCAL REG. 3/19/51		REGISTRAR'S SIGNATURE Hubert R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Quincy		ADDRESS 1389 Union		1989	

(Licensed Embalmer's Statement on Reverse Side)

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

4003

MAY 2 1951

MAY 1 1951

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 Ronald Yakobson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address.....

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.