

FILED APR 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. **14902**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3491**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pronounced dead on arrival at City Hospital		d. STREET ADDRESS (If rural, give location) 1435a So. Seventh St.	
3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) --- c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) April 12, 1951.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 18, 1890.
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Albert J. Ott	
13b. MOTHER'S MAIDEN NAME Fannie Reed		14. NAME OF HUSBAND OR WIFE Fred Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Milton L. Ott		ADDRESS 3731 Phillips Pl.	
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) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerosis 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	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Heart			
22. I hereby certify that I attended the deceased from <u>4</u> 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Catrick B. Taylor		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 4-15-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 16, 1951	
24c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 14 1951		REGISTRAR'S SIGNATURE J. B. Foster	
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary		ADDRESS 2842 Meramec St.	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

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 ME

working under my personal supervision.

Student Embalmer No.....

Signed.....

Loren E. Percy

Signed.....

Student Embalmer

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.
St. Louis, 18, 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.