S. No. 300
V. 10.48

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15004

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1043

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So. Kinloch 4091
d. STREET ADDRESS (If rural, give location): 52 Boyd 1

3. NAME OF DECEASED (Type or Print): a. (First) Hazel b. (Middle) c. (Last) Williams

4. DATE OF DEATH (Month) 4 (Day) 19 (Year) 51

5. SEX: Female 3
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 11-19-1890
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 5, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Sam Craig
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Edward 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: Edward Williams ADDRESS: 52 Boyd

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerosis — ? Yrs.
DUE TO (c) HCVD — ? Yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Uremic pericarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 442 x
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-11, 1951, *to* 4-19, 1951, *that I last saw the deceased alive on* 4-19, 1951, *and that death occurred at* 3:30 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE: Herman C. Ross (Degree or title) M.D.
23b. ADDRESS: 6018 S. Brentwood Clayton
23c. DATE SIGNED: 4-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial (1)
24b. DATE: 4/23/51
24c. NAME OF CEMETERY OR CREMATORY: Washington Pk.
24d. LOCATION (City, town, or county) (State): St Louis City Mo

DATE REC'D BY LOCAL REG. 4/20/51
REGISTRAR'S SIGNATURE: Herbert R. Lemke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Boyd Bass Fun. Home ADDRESS: Kinloch

(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 Edward Flynn

Signed.....
Student Embalmer

Licensed Embalmer No. 4444

P. O. Address 4548 Page

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.