

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25502**
6353

FILED JUL 28 1951

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY 2				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 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		2129	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION En Route Amul Phillips				d. STREET ADDRESS (If rural, give location) 4924 PAGE AVE			
3. NAME OF DECEASED (Type or Print) Chas. EDWARD WILLIAMS		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
7-13-51							
5. SEX MALE		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH APRIL 30 1928	
9. AGE (In years last birthday) 23		IF UNDER 1 YEAR Months 2		IF UNDER 1 YEAR Days 13		IF UNDER 1 HRS. Hours _____ Min. _____	
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) VICKSBURG MISS.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME AARON WILLIAMS		13b. MOTHER'S MAIDEN NAME LUCILLE EMBERY		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? UNKNOWN (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Lucille Williams ADDRESS 4924 Page			
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) Compound Fracture of Skull; suffered when struck by truck driven by one Cecil Vernon House, Col., which failed to stop after striking deceased in front of DUE TO (b) about 3205 Easton Ave., about P.M. July 13, 1951. II. OTHER SIGNIFICANT CONDITIONS CRIMINAL CARELESSNESS				INTERVAL BETWEEN ONSET AND DEATH 7:05	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) criminal SUICIDE homicide carelessness		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.			
21d. TIME OF INJURY 7/13/51 7:05 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR? See Above		E 8720	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:05 P.m. , from the causes and on the date stated above. 25							
23a. SIGNATURE Joseph M. Quinn (Degree or title) _____		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/16/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-18-51		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO	
DATE REC'D BY LOCAL REG. JUL 17 1951		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Walton ADDRESS 2707 Stoddard			

(Licensed Embalmer's Statement on Reverse Side)

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 L. Heilbard

Licensed Embalmer No. 4721

P. O. Address 4740 - Coopers Rd

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.