

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31961
7808

State File No.

FILED OCT 10 1951

BIRTH NO. 58153-51 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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>219</u>	
c. LENGTH OF STAY (in this place) <u>11 Days</u>		d. STREET ADDRESS (If rural, give location) <u>4019 St. Ferdinand St</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laverne</u>		b. (Middle) <u>Williams</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31 1951</u>	
5. SEX <u>F. 3</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>8-21-51</u>
9. AGE (In years last birthday) <u>11</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>James J. Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Earline Turner</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James J. Williams</u>		ADDRESS <u>4019 St. Ferdinand</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation secondary to Aspiration of milk</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
*This does not mean the mode of dying such as heart failure, pneumonia, etc. It means the direct cause injury, or complication which caused death. II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <u>E 921.0</u>			
22. I hereby certify that I attended the deceased from <u>8-29</u> , 19 <u>51</u> to <u>8-31</u> , 19 <u>51</u> that I last saw the deceased alive on <u>8-31</u> , 19 <u>51</u> , and that death occurred at <u>9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John H. Lewis M.D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>	
23c. DATE SIGNED <u>9-11-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-4-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo, MO</u>	
DATE REC'D BY LOCAL REG. <u>SEP 4 1951</u>		REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gushow</u>		ADDRESS <u>2930 Dickson St.</u>	

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

No Embalming

..... Licensed Embalmer No.

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.