

STANDARD CERTIFICATE OF DEATH

State File No. 1377
Registrar's No. 8867

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
St. Louis, Mo.

c. CITY (If outside corporate limits, write RURAL and give township)
St. Louis 2219

d. FULL NAME OF HOSPITAL OR INSTITUTION
Romer Phillips

d. STREET ADDRESS (If rural, give location)
21 2013 O'Hallow St

3. NAME OF DECEASED
a. (First) John b. (Middle) Williams c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
10-30-51

5. SEX M. 6. COLOR OR RACE Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH about 95 9. AGE (In years) 95

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Unknown

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE

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 ADDRESS
Rev. Campbell 3034 Lucas

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c) Arterio sclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR
4201

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 _____ m., from the causes and on the date stated above.

22a. SIGNATURE
Patrick E. Taylor, M.D. (Degree or title)

22b. ADDRESS
1300 Clear

22c. DATE SIGNED
11/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
Nov. 12, 1951

24c. NAME OF CEMETERY OR CREMATORY
Oakdale Cem.

24d. LOCATION (City, town, or county) (State)
St. Louis Mo

DATE REC'D BY LOCAL REG. NOV 10 1957 REGISTRAR'S SIGNATURE
J. Carl Smith Mo

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
McClain & Co. 3703 Chouteau

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.....

Students of Mortuary College

working under my personal supervision.

Student Embalmer No.....

Signed *James A. Lamson*

Signed.....

Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.