

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. 36222

XC 7 556 109  
Reg. 97600  
**FILED NOV 24 1951**  
BIRTH NO. ....

REG. DIST. NO. 3,7 PRIMARY REG. DIST. NO. 6076

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b> <u>4070</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY -	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JEFF. BRKS. MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b> <u>2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET. ADM. HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>4474 Cook</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>G.</b>	
c. (Last) <b>WASHINGTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>11/3/51</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>N</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1/18/15</b>
9. AGE (In years last birthday) <b>36 yrs</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		11. BIRTHPLACE (State or foreign country) <b>East St. Louis, Illinois</b>	
13a. FATHER'S NAME <b>William Washington</b>		13b. MOTHER'S MAIDEN NAME <b>Mildred Randle</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary W. Washington</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World II</b>	
16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>V. A. HOSPITAL RECORDS</b> ADDRESS <b>JEFF BRKS MO</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>TUBERCULOUS MENINGITIS</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MILITARY TUBERCULOSIS</b> DUE TO (c) -----  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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	
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) <b>VA - - - - -</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>10/22</u> , 19 <u>51</u> , to <u>11/3</u> , 19 <u>51</u> , and that death occurred at <u>10:30 pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Henry W. Tall</i> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>V. A. HOSP. JEFF. BRKS. MO.</b>	
23c. DATE SIGNED <b>11/4/51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>11/8/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>lol Memorial Jefferson on Barre</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman J. Smith</b> ADDRESS <b>2714 Labadie ave.</b>	
DATE REC'D BY LOCAL REG. <b>11-7-51</b>		REGISTRAR'S SIGNATURE <i>Robert O. Lomke Mod.</i>	

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

*Lawrence Woodson*

Signed

Student Embalmer

Licensed Embalmer No.

*4341*

P. O. Address

*St Louis 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.