

S. No. 300  
v. 10.48

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43442**  
Registrar's No. **11656**

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 <b>Missouri</b> b. COUNTY <b>2109</b>	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>4232 Fairfax</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4236 Fairfax</b>			

3. NAME OF DECEASED (Type or Print) <b>CHARLIE</b>	a. (First)	b. (Middle) <b>J</b>	c. (Last) <b>WILLS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-29-51</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>4-29-1915</b>	9. AGE (in years last birthday) <b>36</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cab Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Earl ARK</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
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13a. FATHER'S NAME <b>Charlie Wills, Sr.</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Biggs</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Wills</b>	ADDRESS <b>4232 Fairfax</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute dilatation of Stomach</b>		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) <b>Over eating</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>5th fl.</b>
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22. I hereby certify that I attended the deceased from **28 Dec, 1951**, to **29 Dec, 1951**, that I last saw the deceased alive on **28 Dec, 1951**, and that death occurred at **9:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Earl Smith M.D.</b>	(Degree or title)	23b. ADDRESS <b>4230 R. page</b>	23c. DATE SIGNED <b>29 Dec</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Shipping</b>	24b. DATE <b>12-31-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carbondale Ill</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>12-31-51</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>ARKINS BROS</b>	ADDRESS <b>3644 Kinney</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Standard Certificate

421  
230

... of ... of ...  
...  
...

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 *Clarence ...*

12 2013 12 2013  
A.E.P.

Licensed Embalmer No. 475-5

P. O. Address 712 21st St

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.