

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 27 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1013**

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| 1. PLACE OF DEATH a. COUNTY None | | 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 Saint Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital | | d. STREET ADDRESS (If rural, give location) 21 3044 Sheridan Ave | |

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|---|---------------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) John | b. (Middle) Wesley | c. (Last) WILLIAMS | 4. DATE OF DEATH (Month) (Day) (Year) 1-29-1952 |
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|--------------------|-------------------------------|---|---------------------------------|---|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Unknown | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) abt 85 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) Richmond, Virginia | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John Wesley Williams Sr | 13b. MOTHER'S MAIDEN NAME Unavailable | 14. NAME OF HUSBAND OR WIFE Minnie Williams |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Van Lowe, 3032 Easton Avenue | ADDRESS _____ |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ruptured Pericardial Abscess DUE TO (c) Infection | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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? 609X |
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22. I hereby certify that I attended the deceased from 1-12-1952, to 1-29-1952, that I last saw the deceased alive on 1-29-1952, and that death occurred at 3:30 P. M., from the causes and on the date stated above.

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| 23a. SIGNATURE G. H. Glick (Degree or title) M.D. | 23b. ADDRESS 3200 Lucas Avenue | 23c. DATE SIGNED _____ |
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|---|-------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/2/52 | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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| DATE REC'D BY LOCAL REG. FEB 1 1952 | REGISTRAR'S SIGNATURE Charles Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros., Und. Co., 3644 Finney | ADDRESS _____ |
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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 *John R. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.