

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6872  
State File No. \_\_\_\_\_  
Registrar's No. 1607

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

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MO.  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2119  
d. STREET ADDRESS (If rural, give location) 4060 WEST BELLE

3. NAME OF DECEASED  
a. (First) SAMUEL b. (Middle) NOBLE c. (Last) WILLIAMS  
4. DATE OF DEATH (Month) (Day) (Year) 2-19-52

5. SEX MALE 6. COLOR OR RACE COLORED 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  
8. DATE OF BIRTH MAY 22-1903 9. AGE (In years last birthday) 48 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR  
11. BIRTHPLACE (State or foreign country) ST. LOUIS MO 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME NOBLE WILLIAMS 13b. MOTHER'S MAIDEN NAME GUSSIE LEWIS 14. NAME OF HUSBAND OR WIFE LEANNA WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) \_\_\_\_\_  
16. SOCIAL SECURITY NO. 486-22-4263 17. INFORMANT'S SIGNATURE OR NAME LEANNA WILLIAMS ADDRESS 4060 WEST BELLE

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_  
ANTECEDENT CAUSES Coronary Occlusion  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (Ischemic)  
DUE TO (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  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? H/O

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 12:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) \_\_\_\_\_ 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 2/20/52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE 2-23-52 24c. NAME OF CEMETERY OR CREMATORY GREEN WOOD 24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.

DATE REC'D BY LOCAL REG. FEB 20 1952 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE PETTIS FUNERAL HOME ADDRESS 418 WASHINGTON

(Licensed Embalmer's Statement on Reverse Side)

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

360  
0

FILED MAR 5 1952

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 Esther D. Harris

Signed.....  
Student Embalmer

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.