

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10767

State File No. ....

2665

|   |  |  |   |   |   |  |                                 |  |  |
|---|--|--|---|---|---|--|---------------------------------|--|--|
| FILED MAR 29 1952   |  | BIRTH NO. <u>17356</u>   |   | REG. DIST. NO. <u>318</u>   |   | PRIMARY REG. DIST. NO. <u>1003</u>   |                                 | Registrar's No. ....   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u><br>b. COUNTY |   |  |                                 |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>  |  | c. LENGTH OF STAY (in this place)  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>St. Louis</u>                          |   | 2219   |                                 |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Homer G Phillips Hospital</u>   |  |  |   | d. STREET ADDRESS (If rural, give location)<br><u>71 808<sup>1/2</sup> N. Jefferson</u>                                   |   |  |                                 |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First)<br><u>Marsha</u>  |   | b. (Middle)   |   | c. (Last)<br><u>Williams</u>   |                                 | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>March 18 1952</u>   |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>Colored</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Single</u>   |   | 8. DATE OF BIRTH<br><u>Jan. 26, 1952</u>   |                                 | 9. AGE (In years last birthday) # UNDER 1 YEAR # UNDER 1 HR. # UNDER 1 MIN.<br><u>1</u> Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY                 |   |   | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis</u>                                      |                                 | 12. CITIZEN OF WHAT COUNTRY?<br><u>U</u>   |  |
| 13a. FATHER'S NAME<br><del>Robert Williams</del>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Williams</u> |   |   | 14. NAME OF HUSBAND OR WIFE  |                                 |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><u>no</u>  |  |  | 16. SOCIAL SECURITY NO.<br><u>none</u>            |   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mary Williams - 808<sup>1/2</sup> N. Jefferson</u> |                                 |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diarrhea</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Undetermined</u><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u><br><u>None</u><br><br>INTERVAL BETWEEN ONSET AND DEATH<br><u>19 days</u> |   |   |   |  |                                 |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |   |   |  |                                 | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                            |  |
| 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) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?<br><u>571.0</u>  |   |  |                                 |  |  |
| 22. I hereby certify that I attended the deceased from <u>2-29-</u> 19 <u>52</u> , to <u>3-18-</u> 19 <u>52</u> , that I last saw the deceased alive on <u>3-18-</u> 19 <u>52</u> , and that death occurred at <u>8:59A</u> m., from the causes and on the date stated above. |  |  |   |   |   |  |                                 |  |  |
| 23a. SIGNATURE<br><u>John Lewis</u>   |  |  |   | (Degree or title)   |   | 23b. ADDRESS<br><u>2601 N Whittier St</u>  |                                 | 23c. DATE SIGNED<br><u>3-20-52</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  |  | 24b. DATE<br><u>3-21-52</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Oakdale</u>  |   | 24d. LOCATION (City, town, or county) (State)<br><u>Lemay, MO</u>                                  |                                 |  |  |
| DATE REC'D BY LOCAL REG.<br><u>MAR 21 1952</u>  |  | REGISTRAR'S SIGNATURE<br><u>J. Carl Smith MD</u>   |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>E. B. Roemer</u> |  | ADDRESS<br><u>1221 N. Grand</u> |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.