

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

LED APR 8 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 953

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>UNK</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kinloch, (PAR) Mo. 4091</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>33 Jefferson Street</u>	

3. NAME OF DECEASED (Type or Print) <u>ESTELLE</u>	a. (First)	b. (Middle)	c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 25 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cold</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 15 1889</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>62 4 70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joe Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Bradford</u>	14. NAME OF HUSBAND OR WIFE <u>George Williams</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Williams - 33 Jefferson</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MALIGNANT HYPERTENSION</u>		<u>2 YEARS</u>
	DUE TO (c) <u>PULMONARY EMBOLISM</u> <u>CORONARY HEMORRHAGE</u>		<u>3-4 DAYS</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4x101</u>		20. AUTOPSY? 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) m.	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 3-19-1952 to 3-25-1952, that I last saw the deceased alive on 3-25-1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hayne E. Roberts M.D.</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>3-31-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>

DATE REC'D BY LOCAL REG. <u>3-30-52</u>	REGISTRAR'S SIGNATURE <u>Robert R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A.L. Beal Und. 4303 Delmar</u>
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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.....

.....
working under my personal supervision.

Student embalmer No.....

Signed.....

Leroy H. Sannister

Signed.....

Student Embalmer

Licensed Embalmer No. *4529*

P. O. Address *9880 Easton Rd*

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.