

No. 300
10.48

FILED JUN 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18700
State File No. _____
Registrar's No. 4666

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, Missouri
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239
d. STREET ADDRESS (If rural, give location) 1623 Missouri Ave. #23

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES b. (Middle) Emanuel c. (Last) WILLIAMS
4. DATE OF DEATH (Month) (Day) (Year) MAY 18, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 14, 1889 9. AGE (In years last birthday) 62 10. MONTHS 11. DAYS 12. HOURS 13. MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY General Repair
11. BIRTHPLACE (City and State or Foreign Country) Phelps Co., Mo. U
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME David H. Williams 13b. MOTHER'S MAIDEN NAME Mary Hargis 14. NAME OF HUSBAND OR WIFE Leona B.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S SIGNATURE OR NAME Leona B. Williams, 1623 Missouri Ave. ADDRESS

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.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic coma
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis of liver
DUE TO (c) Chronic alcoholism
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH
2 d.
years
years

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? 5811

22. I hereby certify that I attended the deceased from 5-5-52, 19__, to 5-18-52, 19__, that I last saw the deceased alive on 5-18-52, 19__ and that death occurred at 10:30A m., from the causes and on the date stated above.

22a. SIGNATURE Andrew H. Hahn, M.D. (Degree or title) 22b. ADDRESS 1515 Lafayette Avenue 22c. DATE SIGNED 5-19-52

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 5-18-52 23c. NAME OF CEMETERY OR CREMATORY Lake Spring 23d. LOCATION (City, town, or county) (State) Phelps Co., Mo.

DATE REC'D BY LOCAL REG. MAY 20 1952 REGISTRAR'S SIGNATURE J. Carl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Paul A. Shanklin, Cuba, Mo. ADDRESS

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

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Esy W Wilkins

Licensed Embalmer No.

3575

P. O. Address

St Louis 7

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.