

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18704

State File No.

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3011**

1. PLACE OF DEATH a. COUNTY		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 St. Louis, Mo.		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 21 1845a Division	

3. NAME OF DECEASED (Type or Print) Mary Williams			4. DATE OF DEATH (Month) (Day) (Year) March 28 1952		
a. (First)		b. (Middle)		c. (Last)	

5. SEX 3 F	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Aug. 23, 1900	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months	IF UNDER 6 WKS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Louisiana /	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Richard Talebert	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Frank Williams
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Frank Williams	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 16 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES DUE TO (b) Hypertensive Cardiovascular Disease Undet. DUE TO (c) Undetermined		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H43X
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22. I hereby certify that I, attended the deceased from **3-12-** **1952**, to **3-28-** **1952**, that I last saw the deceased alive on **3-28**, **1952**, and that death occurred at **5:55a** m., from the causes and on the date stated above.

23a. SIGNATURE Larissa W. Harris (Degree or title) M. D.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 3-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 3rd.	24c. NAME OF CEMETERY OR CREMATORY Oak Dale	24d. LOCATION (City, town, or county) (State) Lemay, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 31 1952 J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koone	ADDRESS 1221 N. Grand
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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 Charence Brown

Signed.....
Student Embalmer

Licensed Embalmer No. 755

P. O. Address 1221 N. Green

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.