

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22816

State File No.

No. 300
10-48

FILED JUN 27 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5049

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) 17 3928 Cleveland Ave.		2179	
3. NAME OF DECEASED (Type or Print) DOW		a. (First) E.		b. (Middle)	
c. (Last) WILLIAMS		4. DATE OF DEATH May 31 1952		(Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. A. Custom Dep't. (Retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Clarksville, Mo. 6	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME William S. Williams		13b. MOTHER'S MAIDEN NAME Sarah Norvell	
14. NAME OF HUSBAND OR WIFE Julia M. Williams		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. NO.	
17. INFORMANT'S SIGNATURE OR NAME Sheldon Williams		ADDRESS 5055a Miami St.			
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) <u>Cerebral accident</u> ANTECEDENT CAUSES <u>Hypertensive Heart disease</u> 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.			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443-X</u>	
22. I hereby certify that I attended the deceased from <u>5/29, 1952</u> , to <u>5/31, 1952</u> , that I last saw the deceased alive on <u>5/30, 1952</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Geo. G. Grunex M.D.</u>		23b. ADDRESS <u>5521 S. Roway</u>		23c. DATE SIGNED <u>6/2/52</u>	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE June 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		ADDRESS 4228 S. Kingshighway Bl	
DATE REC'D BY LOCAL REG. JUN 2 1952		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Edwin A. McDevitt*

Licensed Embalmer No. *2024*

P. O. Address

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.