

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26493

State File No. 6727

FILED JUL 22 1952

BIRTH NO. 76945 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6727

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) TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Peoples Hospital		f. STREET ADDRESS (If rural, give location) 6 5019a Page Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) St. Patricia	b. (Middle) Wesley	c. (Last) Williams, Jr.	4. DATE OF DEATH (Month) (Day) (Year) 6 25, 1952
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5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 6/25/52	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months Days	IF UNDER 11 WKS. Hours Min
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Wesley Williams	13b. MOTHER'S MAIDEN NAME Lula Bell Williams	14. NAME OF HUSBAND OR WIFE None
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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 <i>James H. Williams</i>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Renal urtic</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 776A
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22. I hereby certify that I attended the deceased from 6/25, 1952, to 6-25, 1952, that I last saw the deceased alive on 6-25, 1952, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>John J. Johnson M.D.</i>	(Degree or title)	23b. ADDRESS <i>412 Sartan Ave</i>	23c. DATE SIGNED <u>6/26/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) b	24b. DATE <u>7-31-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. JUL 11 1952	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>	ADDRESS <u>Manchester Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

..... Licensed Embalmer No. ....

..... 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.**