

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26494**
Registrar's No. **6760**

FILED JUL 22 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

REG. DIST. NO. **6760**

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

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSP.		d. STREET ADDRESS (If rural, give location) 25 1428 HADLEY	
3. NAME OF DECEASED a. (First) ZEOLA ANDERSON (Type or Print) b. (Middle) c. (Last) WILLIAMS			4. DATE OF DEATH (Month) (Day) (Year) 7 4 52
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAY 30, 1908
9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY DAY-WORK	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME MARY WILLIAMS	14. NAME OF HUSBAND OR WIFE WILLIE 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 ADDRESS MRS CLARA CARTER 4844 COTE BRILLIANTE
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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Coronary Thrombosis DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
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? 4201			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:15 P. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Patrick L. Taylor, Coroner</i>		23b. ADDRESS 31300 Clark	
23c. DATE SIGNED 7/11/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/11/52	
24c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETERY		24d. LOCATION (City, town, or county) (State) LEMAY, MISSOURI	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 11 1952 <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EBK name 124 N. Grand	

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 Clarence Creamer

Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.