

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3936**  
Registrar's No. **0209**

FILED JAN 28 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>0209</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2 Weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2079</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital.</b>				d. STREET ADDRESS (If rural, give location) <b>5751 Era Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>Clara</b>		a. (First)		b. (Middle)		c. (Last) <b>Williams.</b>	
4. DATE OF DEATH <b>Jan. 6 1953</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb 14, 1888</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>23</b>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At. Home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joseph Kleine</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Bathke</b>		14. NAME OF HUSBAND OR WIFE <b>August G. Williams.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>August Williams</b> ADDRESS <b>5751 Era Ave.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Liver Primary.</b>  'ANTECEDENT' CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  'DUE TO' (b) _____ 'DUE TO' (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>—&gt;</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <b>Jan 6-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of liver</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>15.5X</b>			
22. I hereby certify that I attended the deceased from <b>Nov. 24, 1952</b> , to <b>Jan 6, 1953</b> , that I last saw the deceased alive on <b>Jan 6, 1953</b> , and that death occurred at <b>10:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John G. McJinney</b> (Degree or title) _____				23b. ADDRESS <b>1014 Shelby av. St. Louis</b>		23c. DATE SIGNED <b>1/8/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 10, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, MO</b>	
DATE REG'D BY LOCAL REG. <b>JAN 8 1953</b>		REGISTRAR'S SIGNATURE <b>Paul Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Buchholz-Koeller 5967 W. Florissant Ave</b>			

**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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.