

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3937

FILED FEB. 3 1953

State File No.

0634

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

1. PLACE OF DEATH a. CITY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2049</u>	
c. LENGTH OF STAY (In this place) <u>2 YR</u>		d. STREET ADDRESS (If rural, give location) <u>6932 WALDEMAR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6932 WALDEMAR</u>		d. STREET ADDRESS (If rural, give location) <u>6932 WALDEMAR</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLYDE</u>	b. (Middle) <u>ALFRED</u>	c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 17 53</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-7-1893</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TEL. CO</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OWENSVILLE KY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>H. K. WILLIAMS</u>	13b. MOTHER'S MAIDEN NAME <u>IRENE-R-MORGAN</u>	14. NAME OF HUSBAND OR WIFE <u>GRACE WILLIAMS</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>DONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GRACE WILLIAMS-ABOVE</u>
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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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIOGENIC CARCINOMA</u> <u>14 mos.</u>		
	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>162x</u>
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22. I hereby certify that I attended the deceased from 2/22, 1951, to 1/16, 1953, that I last saw the deceased alive on 1/16, 1953, and that death occurred at 11:17 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl M. MacBryer M.D.</u>	23b. ADDRESS <u>634 N. GRAND</u>	23c. DATE SIGNED <u>1/19/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>1-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA Chapel of Memories</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO - MO</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 20 1953</u>	REGISTRAR'S SIGNATURE <u>Carl M. MacBryer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH 7456 MANCHESTER Maplewood</u>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J.B. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.