

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **3939**

FILED JAN 28 1953

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **25**

|   |                               |   |  |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY   |  |
| b. CITY OR TOWN <b>St. Louis</b>  |                               | c. CITY OR TOWN <b>St. Louis</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>  |                               | d. STREET ADDRESS (If rural, give location)<br><b>20 2714 Madison</b>   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Emma</b><br>b. (Middle)<br>c. (Last) <b>Williams</b>   |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan. 1 1953</b>   |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify).<br><b>Widowed</b>   | 8. DATE OF BIRTH <b>Dec. 7, 1899</b>                                   |
| 9. AGE (In years last birthday) <b>53</b>   |                               | # UNDER 1 YEAR<br>Months <b>0</b>   | # UNDER 1 DAY<br>Days <b>24</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Arkansas</b>  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Tennessee</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                               | 13a. FATHER'S NAME<br><b>Unknown</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |                               | 14. NAME OF HUSBAND OR WIFE<br><b>Nelson Williams</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                               | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>John Williams</b>   |                               | ADDRESS<br><b>2717 Madison</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Rectum</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Undetermined</b><br>DUE TO (c) <b>Lower G. I. Hemorrhage</b><br>II. OTHER SIGNIFICANT CONDITIONS: <b>Senility</b><br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized Arteriosclerosis</b> |  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>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) (Min.)  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR?<br><b>154X</b>   |                               | 22. I hereby certify that I attended the deceased from <b>12-30</b> , 19 <b>52</b> , to <b>1-1</b> , 19 <b>53</b> that I last saw the deceased alive on <b>1-1</b> , 19 <b>53</b> , and that death occurred at <b>12:20 a.m.</b> , from the causes and on the date stated above.  |  |
| 23a. SIGNATURE<br><b>Carl Keller</b>  |                               | 23b. ADDRESS<br><b>M. D. 2601 N Whittier St.</b>  |  |
| 23c. DATE SIGNED<br><b>1-2-53</b>   |                               | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  |
| 24b. DATE<br><b>Jan. 5, 1953</b>  |                               | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park Cemetery</b>   |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Carl Smith &amp; Co. Embalmers</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>JAN 3 1953</b>   |                               | REGISTRAR'S SIGNATURE<br><b>Carl Smith &amp; Co. Embalmers</b>  |  |
| 25. FUNERAL DIRECTOR'S ADDRESS<br><b>1221 N. Grand Blvd.</b>  |                               | (Licensed Embalmer's Statement on Reverse Side)   |  |

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

*Gayton Swan*

Licensed Embalmer No. 4580

P. O. Address 1221<sup>st</sup> 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.