

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3940

FILED JAN 28 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No.

Registrar's No. 0225

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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>35 yrs.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home 2329 Chestnut St.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2219</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Ethel</u> b. (Middle) <u>Williams</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>1 5 1953</u>	
5. SEX <u>F. 3</u>	6. COLOR OR RACE <u>col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-27-1901</u>
9. AGE (In years last birthday) <u>52</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington D.C.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry C. Smith</u>	
13b. MOTHER'S MAIDEN NAME <u>Hizzie Winkfield</u>		14. NAME OF HUSBAND OR WIFE <u>Earl Williams</u>	
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Thelma W. Williams</u>		ADDRESS <u>2708 Clark Ave</u>	
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) <u>Metastatic Cancer of Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Uterus</u> 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"/>		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? <u>174X</u>		22. I hereby certify that I attended the deceased from <u>1/10</u> , 19 <u>53</u> , to <u>1/5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/5</u> , 19 <u>53</u> , and that death occurred at <u>5:00</u> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>318 Chestnut St.</u>	
23c. DATE SIGNED <u>1/7/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>1-10-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. MO</u>		DATE REC'D BY LOCAL REG. <u>JAN 9 1953</u>	
REGISTRARS SIGNATURE <u>J. Carl Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Bus Lowe</u>	
ADDRESS <u>2930 Dickson St.</u>			

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Alder

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.