

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16379**
Registrar's No. **3501**

FILED APR 18 1953

REG. DIST. NO. **318**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS 13 5800 Arsenal		f. (If rural, give location) 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Infirmary		3. NAME OF DECEASED a. (First) Lexi		b. (Middle)	
c. (Last) Williams		4. DATE OF DEATH April 1, 1953		5. (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Sept. 13, 1901	9. AGE (in years last birthday) 51	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bowling Alley		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Fairfield, Ark.	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Lexi Williams		13b. MOTHER'S MAIDEN NAME Ida Davis		14. NAME OF HUSBAND OR WIFE nil	
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.		17. INFORMANT'S SIGNATURE OR NAME Ruby Brown	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Luetic aortitis</u>			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio vascular disease</u> DUE TO (c) <u>Cerebro vascular damage</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 023x	
22. I hereby certify that I attended the deceased from <u>May 18, 1951</u> , to <u>April 1, 1953</u> , that I last saw the deceased alive on <u>April 1, 1953</u> , and that death occurred at <u>12:40pm</u> from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Palmer Piusine Bowlish M.D.</i>		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 4/1/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4-4-53		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <i>DeMent & Son</i>			
DATE REC'D BY LOCAL REG. APR 2 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		ADDRESS DeMent & Son 2629-31 Cole Street	

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.....
Signature of Student Embalmer

Signed..... *H. C. Laude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldi*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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