

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16382

FILED MAY 14 1953

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1003

State File No. ....

4187

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer &amp; Philips</i>				d. STREET ADDRESS (If rural, give location) <i>11 2608 N Taylor</i>			
3. NAME OF DECEASED a. (First) <i>SIDNEY</i> (Type or Print)			b. (Middle) <i>WILLIAMS</i>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>4 21-53</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Cal</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 20-1910</i>		9. AGE (In years last birthday) <i>42</i>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Porter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Wagner Electric Co New Orleans La.</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>1</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Alonzo Williams</i>		13b. MOTHER'S MAIDEN NAME <i>Anetha Bell</i>		14. NAME OF HUSBAND OR WIFE <i>Geneva Williams</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Geneva Williams 2608 Taylor</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Glomerulonephritis</i> <i>&amp; Terminal Wound</i> 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. <i>Hypertensive Cardio-Vascular Disease</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>None</i>				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 <i>592X</i>			
22. I hereby certify that I attended the deceased from <i>Nov 13, 1952</i> , to <i>April 22, 1953</i> , that I last saw the deceased alive on <i>April 21, 1953</i> , and that death occurred at <i>10:45P M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Med M. Studfield, Jr., M.D.</i>				23b. ADDRESS <i>4901a Easton St. Louis, Mo.</i>		23c. DATE SIGNED <i>April 23, 1953</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>4-27-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park St Louis County Mo</i>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <i>APR 23 1953</i>		REGISTRAR'S SIGNATURE <i>H. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. A. Richardson 2625 Glasgow</i>			

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

*A. D. Richards*

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.