

FILED JUN 1- 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20066

State File No. ....

318

1003

Registrar's No. 4802

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 Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital 2				d. STREET ADDRESS (If rural, give location) 219 2833 Stoddard					
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Williams		c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) May 9 1953			
5. SEX MALE		6. COLOR OR RACE COLORED		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 2-3-1903			
9. AGE (In years last birthday) 30 years 3		10. IF UNDER 1 YEAR Months 6		11. IF UNDER 24 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jort Long city MISS		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME CHARLES WILLIAMS		13b. MOTHER'S MAIDEN NAME CELIA TALIVER		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MRS. JEANIE BELL PRICE		ADDRESS 2833 Stoddard			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure and Cerebral Anoxia DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Undet.	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443x					
22. I hereby certify that I attended the deceased from 5-3, 1953, to 5-9, 1953, that I last saw the deceased alive on 5-9, 1953, and that death occurred at 8 a m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Edna B. Mark M. D.				23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 5-11-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-13-53		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEM		24d. LOCATION (City, town, or county) (State) ST. LOUIS CITY MO			
DATE REC'D BY LOCAL REG. MAY 12 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE A. F. WATSON		ADDRESS 2707 STODDARD ST			
(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

*Arthur L. Hilliard*

Licensed Embalmer No.

*4221*

P. O. Address

*4524 Aldine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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