

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH37706  
State File No. ....

FILED OCT 30 1953

318

REG. DIST. NO. 1003 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10086

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 OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis, 1	
c. LENGTH OF STAY (in this place) 1 Wk.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.		e. STREET ADDRESS (If rural, give location) 4522a Adelaide. 2099	
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Henry	
c. (Last) Willr		4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1953.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 21, 1891
9. AGE (in years last birthday) 62.		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heating Contr.		10b. KIND OF BUSINESS OR INDUSTRY Heating	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William H. Will	
13b. MOTHER'S MAIDEN NAME Julia Reith		14. NAME OF HUSBAND OR WIFE Mayme Will.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil.		16. SOCIAL SECURITY NO. 492-10-1218	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mayme Will,		ADDRESS 4522a Adelaide.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver  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.	
INTERVAL BETWEEN ONSET AND DEATH ? 3 M.D.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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. HOW DID INJURY OCCUR? 156.1	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Oct 15, 1953, to Oct 20, 1953, that I last saw the deceased alive on Oct 20, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE John L. Horner		23b. ADDRESS M.D. 114 N. Taylor St. Louis 8	
23c. DATE SIGNED 10-22-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10-24-53		24c. NAME OF CEMETERY OR CREMATORY Mount Carmel Cemetery.	
24d. LOCATION (City, town, or county) (State) Belleville, Illinois.		25. FUNERAL DIRECTOR'S SIGNATURE Nell Walsh Barnes	
25. ADDRESS 111 East St. St. Louis,		DATE REC'D BY LOCAL REG. OCT 22 1953	
REGISTRAR'S SIGNATURE J. Earl Smith		REG. DIST. NO. 1003	

(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.....  
Signature of Student Embalmer

Signed *John J. Harris*.....  
Licensed Embalmer No. *4100*  
P. O. Address *St. Louis, Mo.*.....

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.