

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37715

State File No. _____
Registrar's No. **9807**

FILED OCT 23 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>18 4222 Papin</u> ²¹⁸⁹ %			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WINFIELD</u> b. (Middle) <u>(NMN)</u> c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 9, 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
<u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 23, 1907</u>		9. AGE (In years last birthday) <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, as if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
<u>Truck Driver</u>		<u>No Coal Co</u>		<u>Meremua, Ark.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Winfield Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Kandle</u>	
		14. NAME OF HUSBAND OR WIFE <u>Vernie Williams</u>		15. WAS DECEASED EVER IN THE ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <u>No</u>	
		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Emma Jones</u> ADDRESS <u>4222 Papin</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MASSIVE ABDOMINAL HEMORRHAGE, OPERATIVE</u>			INTERNAL BETWEEN ONSET AND DEATH <u>12 HOURS</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>CHRONIC DUODENAL ULCER</u>			<u>10 YEARS</u>
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS <u>MASSIVE PULMONARY EDEMA</u> <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>			<u>1 1/2 HOURS</u> <u>SEVERAL YRS.</u>
19a. DATE OF OPERATION <u>10/9/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Sub-total gastrectomy.</u>			20. AUTOPSY? YES <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5410</u>	
22. I hereby certify that I attended the deceased from <u>SEPT 24</u> , 19 <u>53</u> , to <u>OCT 9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>OCTOBER 9, 1953</u> , and that death occurred at <u>9:00P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H. G. R. D...</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>10/10/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
				24d. LOCATION (City, town, or county) (State) <u>Belleville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 14 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Doove</u> ADDRESS <u>1221 N. Grand</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.....
Signature of Student Embalmer

Signed.....
Thomas Crossman

Licensed Embalmer No. *775*

P. O. Address *1221 N. 4th*

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.