

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41390

FILED NOV 24 1953

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State File No.

10470

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 OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		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"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			e. STREET ADDRESS (If rural, give location) 21 2800 Locust			2219						
3. NAME OF DECEASED (Type or Print) George			a. (First)		b. (Middle)		c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) 11 2 53			
5. SEX Male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH June 2, 1902		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY			BIRTHPLACE (City and State or Foreign Country) Mississippi			12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Henry William			13b. MOTHER'S MAIDEN NAME Kathleen Deane			14. NAME OF HUSBAND OR WIFE None						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Vigil Page 2800 Locust						
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia; Cholelithiasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH Undt.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 584X						
22. I hereby certify that I attended the deceased from 9-25, 1953, to 11-2, 1953, that I last saw the deceased alive on 11-2, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.												
23a. SIGNATURE E. B. Williams				(Degree or title) M.D.		23b. ADDRESS 2601 N. Whittier			23c. DATE SIGNED 11-4-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 5, 1953		24c. NAME OF CEMETERY OR CREMATORY Dunbar		24d. LOCATION (City, town, or county) (State) East St. Louis Ill						
DATE REC'D BY LOCAL REG. NOV 4 1953			REGISTRAR'S SIGNATURE J. Carl Smith M.D. G. H. (Burial - 3504 Franklin)			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						

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. *M. J. Galt* working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. H. J. Yandell*

Licensed Embalmer No. *4243*

P. O. Address *W. H. Galt*

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.