

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

6995

State File No.

1168

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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, Mo.		c. LENGTH OF STAY (in this place) 15 yrs.	c. CITY OR TOWN St. Louis, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3160 Nebraska Av.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) FANNIE		a. (First) b. (Middle) c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1954
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 17, 1868
9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) Morse Mill, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME "Dilly" Huskey		13b. MOTHER'S MAIDEN NAME Ellen Eoff	14. NAME OF HUSBAND OR WIFE Felix Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy Williams, 3160 Nebraska Ave.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) Chronic Hypertension	
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from Aug. 1950, to Feb. 4th 1954, that I last saw the deceased alive on Nov. 24, 1952, and that death occurred at 8:45 Am., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Beard H. Baker M.D.</i>		23b. ADDRESS 8353 Del. Ave. St. Louis Mo. 2-5-54	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Feb. 4, 1954	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) DeSoto, Missouri
DATE REC'D BY LOCAL REG. FEB 6 1954		REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H.Inc., 1936 St. Louis Ave.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. C. H. Baker,
3353 Nebraska Ave.
Hours *8:00-7:11* - 2-4
No. *KA 2880*

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. *no* working under my personal supervision..

Student *none* _____
Signature of Student Embalmer

Signed *Philip J. Krupar* _____

Licensed Embalmer No. *34*

P. O. Address *St. Louis*

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.