

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21469

BIRTH NO. 41045654 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 55811

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis No	
c. LENGTH OF STAY (in this place) 2 Hours		d. STREET ADDRESS (If rural, give location) 18 3219 Vista 21890	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		4. DATE OF DEATH (Month) (Day) (Year) June 20 1954	
3. NAME OF DECEASED (Type or Print) a. (First) Gale	b. (Middle) June	c. (Last) Williams	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 14 1954
9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bert Williams	
13b. MOTHER'S MAIDEN NAME June Steffe		14. NAME OF HUSBAND OR WIFE	
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. No	
17. INFORMANT'S SIGNATURE OR NAME Bert Williams		ADDRESS 3219 Vista	
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) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Interstitial Pneumonitis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) 7630	
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?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1815A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Catrick E. Taylor Carmel</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>6.22.54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <i>6/22/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus Cem</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
DATE REC'D BY LOCAL REG. JUN 22 1954	REGISTRAR'S SIGNATURE <i>Carl Smith mo</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wm. Schumacher 3013 Meramec</i>	

(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 _____

Jack Haupt

Licensed Embalmer No. _____

P. O. Address _____

4746

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