

FILED AUG 2 - 1954

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25433

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6884

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) TOWN St. Louis, Mo.		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 St. Johns Hospital		e. STREET ADDRESS (If rural, give location) 3705 Primm 2019	

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Williams c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 23, 1954			
5. SEX male <input type="radio"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 9, 1913	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Frank Williams	13b. MOTHER'S MAIDEN NAME May Bridget	14. NAME OF HUSBAND OR WIFE Nina Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. unk	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nina Williams 3705 Primm

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>15 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> <u>Hypertension</u> DUE TO (c) <u>Arterio-sclerosis</u> <u>Renal failure</u>		<u>5 yrs</u> <u>3 yrs</u> <u>6 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Penetrating duodenal ulcer - bilious</u>		<u>2 wks</u>	
19a. DATE OF OPERATION <u>July 21, 54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Penetrating ulcer</u>		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5411</u>	

22. I hereby certify that I attended the deceased from July 5, 1954, to July 23, 1954, that I last saw the deceased alive on July 23, 1954, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Primm M.D.</u>	(Degree or title)	23b. ADDRESS <u>4952 Maryland Ave</u>	23c. DATE SIGNED <u>7/24/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal train</u>	24b. DATE <u>7-25-54</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Hayes, Kansas</u>

DATE REC'D BY LOCAL REG. <u>JUL 26 1954</u>	REGISTRAR'S SIGNATURE <u>Carl Smith mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>	ADDRESS <u>6322 S. Grand Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS DEC 5 1959

Dr. A. H. Pranger  
4952 Maryland

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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 Neville B. Frohman .....

Licensed Embalmer No. 369 .....

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.