

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29319

State File No. 7205

318

1003

7205

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 <u>MO.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER G PHILLIPS</u>				d. STREET ADDRESS (If rural, give location) <u>21 2719A Stoddard</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>		b. (Middle) _____		c. (Last) <u>WILLIAMS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-30-1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>9-28-1914</u>	
9. AGE (In years last birthday) <u>39</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>CHEF COOK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BAR & GRILL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GREENSVILLE ALA</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Edd Williams</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN ADAMS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS LUCILLE WILLIAMS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Williams</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>As a result of a gunshot wound to the abdomen, following a gunshot wound suffered when shot with a .38 Smith & Wesson revolver in the city of St. Louis, Missouri, on July 25, 1954.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 1200 AM July 25 1954</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>County of #12 No. Vandeventer about 1200 AM July 25 1954</u>				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. PLACE OF INJURY (e.g., in or about home, farm, office, street, office bldg., etc.) <u>St Louis</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO.</u>		21e. HOW DID INJURY OCCUR? <u>E981X</u>			
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 25 54/2A</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, office, street, office bldg., etc.) <u>Street</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 25 54/2A</u>		21e. HOW DID INJURY OCCUR? <u>E981X</u>	
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 _____ m., from the causes and on the date stated above.				23. SIGNATURE <u>Deputy</u>		23b. ADDRESS <u>1300 Clark</u>	
23a. SIGNATURE <u>Deputy</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8/4/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>8-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>AUG 4 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennie Dove</u>		ADDRESS <u>3103 Washington</u>	

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alhine

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.