

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32331
 BIRTH NO. 57878-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7887

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>2hrs 55mins</u>		d. STREET ADDRESS (If rural, give location) <u>26 925 Brooklyn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		226%	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Carletess</u> b. (Middle) <u>Paul</u> c. (Last) <u>Williams</u>		(Month) (Day) (Year) <u>7 16 54</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>7-16-54</u>	
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Paul Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Scott</u>	
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)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary D. Jett, P.O.R.</u> ADDRESS <u>2601 N. Whittier</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth, neonatal</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>77.6x</u>	
22. I hereby certify that I attended the deceased from <u>7-16-</u> , 19 <u>54</u> , to <u>7-16-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-16-</u> , 19 <u>54</u> , and that death occurred at <u>9:00a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>William H. Sinker, M.D.</u> (Degree or title)		23b. ADDRESS <u>2601 N. Whittier</u>	
23c. DATE SIGNED <u>8-11-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>8-31-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	
AUG 26 1954		FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Aker Mortuary Service</u> ADDRESS <u>4104 Manchester Ave.</u>	

S.P. (Licensed Embalmer's Statement on Reverse) St. Louis 10, Mo.

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

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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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.