

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36130

State File No. 9040
Registrar's No.

FILED OCT 26 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

| | | | |
|--|-------------------------------|---|---|
| 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 OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | STREET ADDRESS (If rural, give location) 3820 Greer | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Sylvester b. (Middle) c. (Last) Williams | | 4. DATE OF DEATH (Month) (Day) (Year) 9-30-54 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 8, 1919 |
| 9. AGE (In years last birthday) 35 | | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Clarksdale, Miss. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Moses Williams | |
| 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Julia Willia | |
| 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. 432-14-3923 | |
| 17. INFORMANT'S SIGNATURE OR NAME Julia Williams | | ADDRESS 3820 Greer | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined ANTECEDENT CAUSES DUE TO (b) Ethyl Alcohol DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Encephalopathy, Toxic, due to Ethyl Alcohol | |
| INTERVAL BETWEEN ONSET AND DEATH 10/1/54 | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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 type="checkbox"/> | | 21f. HOW DID INJURY OCCUR ced | |
| 22. I hereby certify that I attended the deceased from 9-26 , 1954, to 9-30 , 1954, that I last saw the deceased alive on 9-30 , 1954, and that death occurred at 10:10 P.M. , from the causes and on the date stated above. 40 | | | |
| 23a. SIGNATURE (Degree or title) Edw. B. Williams M.D. | | 23b. ADDRESS 2601 N. Whittier | |
| 23c. DATE SIGNED 10-4-54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE Oct. 6, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS English Undertaking Co. 1123 N. Taylor | |
| DATE REC'D BY LOCAL REG. OCT 5 1954 | | REGISTRAR'S SIGNATURE J. Carl Smith M.D. | |

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 *Wallace R. Williams*

Licensed Embalmer No. *492*

P. O. Address *4554 Le...*
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.