

THE DIVISION OF HEALTH OF MISSOURI

FILED FEB 7 - 1955 STANDARD CERTIFICATE OF DEATH

3248

State File No. 0538
Registrar's No. 0538

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. <u>0538</u>		Registrar's No. <u>0538</u>			
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 St. Louis TOWN St. Louis			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				STREET ADDRESS (If rural, give location) 3920 Ashland		2109					
3. NAME OF DECEASED (Type or Print) a. (First) Clarence			b. (Middle) _____		c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) 1 13 55				
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 27, 1912		9. AGE (In years last birthday) 42			
								IF UNDER 1 YEAR Months 16 Days _____			
								IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour			10b. KIND OF BUSINESS OR INDUSTRY Sewer Pipe Industry Evans & Howard			11. BIRTHPLACE (City and State or Foreign Country) Shaw, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Benjamin Williams			13b. MOTHER'S MAIDEN NAME Genevieve Whitening			14. NAME OF HUSBAND OR WIFE Cora Williams					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 355-16-7423		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Williams 1400 A. Papin 2Fl.							
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						INTERVAL BETWEEN ONSET AND DEATH Undt.	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease Pericarditis with Effusion							
				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 Cardiac Insufficiency Uremia							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE		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? 4343							
22. I hereby certify that I attended the deceased from 12-27 , 1954 , to 1-13 , 1955 , that I last saw the deceased alive on 1-13 , 1955 , and that death occurred at 4:15 A.m. , from the causes and on the date stated above.											
23a. SIGNATURE Edw. B. Williams				(Degree or title) M.D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 1-17-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/20/55		24c. NAME OF CEMETERY OR CREMATORY Oakedale Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL REG. JAN 19 1955		REGISTRAR'S SIGNATURE Wm. Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Smith 4019 Washington					

(Licensed Embalmer's Statement on Reverse Side)

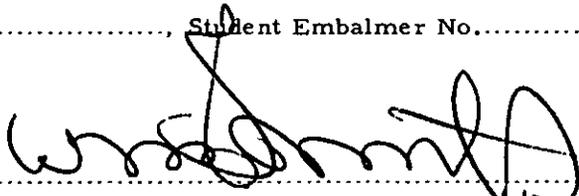
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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 .....

Licensed Embalmer No. 43.....

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.