

FILED MAY 26 1955

STANDARD CERTIFICATE OF DEATH

17121
State File No. 4442

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

3

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) 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 checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ADONIS Phelps		STREET ADDRESS (If rural, give location) 21 1929 Franklin	
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Arthur c. (Last) Williams		4. DATE OF DEATH (Month) (Day) (Year) 5-18-55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 15 Apr 1915
9. AGE (In years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor	11. BIRTHPLACE (City and State or Foreign Country) Ridgely Miss
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY 1908 London	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Williams		13b. MOTHER'S MAIDEN NAME Bertha Shallops	14. NAME OF HUSBAND OR WIFE Mary Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give no. of service) (If yes, give date of service) No		16. SOCIAL SECURITY NO. 304-28-7077	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary William 1109 27th Leland
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 33IX	
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 50A m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick P. Taylor Coroner		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 5-20-55
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. CASE NO. 21777 S	24c. NAME OF CEMETERY OR CREMATORY Oakdale	24d. LOCATION (City, town, or county) (State) St Louis MO
DATE REC'D BY LOCAL REG. MAY 20 1955	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Phelps 45 1221 7th Taylor	

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 Paul V. Freeman

Licensed Embalmer No. 2686

P. O. Address 4779 Hammon

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.