

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6387  
Registrar's No. 6387

FILED AUG 15 1955

BIRTH NO. 5838-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri  |  | b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN St. Louis  |  | c. CITY OR TOWN St. Louis  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital   |  | e. STREET ADDRESS (If rural, give location)<br>11 1710 Wagoner Place   |  | 21190   |  |
| 3. NAME OF DECEASED<br>(Type or Print) Phylis  |  | a. (First) Williams  |  | b. (Middle)   |  |
| c. (Last)  |  | 4. DATE OF DEATH   |  | (Month) (Day) (Year)  |  |
| 5. SEX Female  |  | 6. COLOR OR RACE Negro   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) baby   |  |
| 8. DATE OF BIRTH January 5, 1955   |  | 9. AGE (In years last birthday) 6  |  | IF UNDER 1 YEAR Months 18   |  |
| IF UNDER 2 HRS. Hours Min.   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby girl  |  | 10b. KIND OF BUSINESS OR INDUSTRY None  |  |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri   |  | 12. CITIZEN OF WHAT COUNTRY? USA   |  | 13a. FATHER'S NAME Alexander Williams   |  |
| 13b. MOTHER'S MAIDEN NAME Margaret Barnett   |  | 14. NAME OF HUSBAND OR WIFE - - -  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no  |  |
| 16. SOCIAL SECURITY NO. none   |  | 17. INFORMANT'S SIGNATURE OR NAME Margaret Williams - 1710 Wagoner Pl.   |  | ADDRESS   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* 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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea<br><br>ANTECEDENT CAUSES<br>* Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Dehydration<br><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION 5710  |  | 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) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?  |  |
| 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 6:20 A.M., from the causes and on the date stated above. |  |  |  |   |  |
| 23a. SIGNATURE Patrick P. Taylor Casard  |  | (Degree or title)  |  | 23b. ADDRESS 1300 Clark   |  |
| 23c. DATE SIGNED 7-25-56   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) removal  |  | 24b. DATE 7/26/55   |  |
| 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery  |  | 24d. LOCATION (City, town, or county) St. Louis County, Me.  |  | (State)   |  |
| DATE REC'D BY LOCAL REG. JUL 25 1955   |  | REGISTRAR'S SIGNATURE J. Earl Smith M.D.   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros. Und. Co. 3644 Finney  |  |

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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.....  
Signature of Student Embalmer

Signed *John K. Cunningham*.....

Licensed Embalmer No. *447*

P. O. Address *4700 Han*

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.