

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24577

State File No.

318

1003

Registrar's No. 5949

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.	
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. 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 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				e. STREET ADDRESS (If rural, give location) 1221a Walton Avenue		2129			
3. NAME OF DECEASED (Type or Print) Shelby Williams Jr.			a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) July 7, 1955				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child		8. DATE OF BIRTH July 21, 1948		9. AGE (In years last birthday) 6	
						IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child				10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Charleston, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Shelby Williams			13b. MOTHER'S MAIDEN NAME Ernestine Mey			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 Shelby Williams ADDRESS 1221a Walton Ave.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Internal Hemorrhage from ruptured kidney					
				ANTECEDENT CAUSES Dead spleen, suffered when struck by automobile driven by one Stanley Bernard Lee in front of 1221 Walton Ave. on Sat 5:15 pm July 7 1955					
				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 _____		20a. ACCIDENT (Specify) Accident		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 7 555^{PM}		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		20d. AUTOBIOGRAPHY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 10:40 PM , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) James M Kelly Registrar				23b. ADDRESS 1300 Clark			23c. DATE SIGNED 7.8.55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/11/55		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. JUL 11 1955		REGISTRAR'S SIGNATURE J. E. Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros. Und. Co. 3644 Finney				

(Licensed Embalmer's Statement on Reverse Side)

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

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.

P. O. Address 4700 Hammett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.