

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31669**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7626**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
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 HOSPITAL OR INSTITUTION <i>204 Home Phillip Hosp 11</i>		STREET ADDRESS (If rural, give location) <i>3718 Cozen 2119</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Cecil</i> b. (Middle) <i>Vernant</i> c. (Last) <i>Williams</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 27 1955</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Aug 19 1913</i>	9. AGE (In years last birthday) Months Days Hours Mins. <i>42</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State; Foreign Country) <i>Weslaco Okla</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Unknown</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>414-246410</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Margory Westinghouse 3718 Cozen</i>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Intra-Abdominal Hemorrhage</i>	caused by (b) <i>penetrating stab wound perforating left sub-clavian</i>	
	ANTECEDENT CAUSES	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Deceased suffered when stabbed with knife in hands of one, Geraldine Margory Gandy, in kitchen of house at 26 1/2 Duquesne Ave., about 1200 o'clock</i>	
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition category <i>None</i>	

19a. DATE OF OPERATION <i>Aug 27 1955</i>	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <i>Homicide</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>
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21d. TIME (Month) (Day) (Year) (Hour) <i>Aug 27 55 12 Noon</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>E9827</i>
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22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *12:10* p.m., from the causes and on the date stated above.

23a. SIGNATURE (Of priest or title) <i>Pastor E. Taylor Coraker</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>8.31.55.</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>1 Aug 55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>
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DATE REC'D BY LOCAL REG. <i>AUG 31 1955</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McReliable Funeral Hqs 1221 W. Campbell</i>
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(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 *Paul V. Freeman*

Licensed Embalmer No. *4686*
P. O. Address *4729 Hamm*

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.