

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31678**
Registrar's No. **7998**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7998	
1. PLACE OF DEATH a. COUNTY <i>Missouri Pacific Hospital</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St. Louis</i>		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 <i>Missouri Pacific Hosp</i>				No. STREET ADDRESS (If rural, give location) <i>73 5050 Arsenal Ave. St. Louis</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Scott</i> b. (Middle) <i>Grover</i> c. (Last) <i>Williams</i>		4. DATE OF DEATH <i>Sept - 9 - 1955</i>		5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		8. DATE OF BIRTH <i>July 20, 1885</i>		9. AGE (In years last birthday) <i>70</i>		10. UNDER 1 YEAR Months Days 11. UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Elevator Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Century Electric</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>DeSoto, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Augustus Williams</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Pope</i>		14. NAME OF HUSBAND OR WIFE <i>Daisy (Deceased)</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>493-09-1456</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Clarence Williams, 5050 Arsenal</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobay's pneumonia, St. Upper.</i> ANTECEDENT CAUSES Morbidity 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 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		20. AUTOPSY? <i>490X</i> 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 <i>9-2-1955</i> , to <i>9-9-1955</i> , that I last saw the deceased alive on <i>9-9-1955</i> and that death occurred at <i>4:35 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Charles Thomas MD</i>		23b. ADDRESS <i>1755 South Grand Ave.</i>				23c. DATE SIGNED <i>9-12-1955</i>	
24a. DATE OF REMOVAL (Specify)		24b. DATE <i>9-12-1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Desoto, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>SEP 12 1955</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. Lee Mothershead Funeral Home Desoto, Missouri</i>			

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

SEP 29 1958

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.....
Andrew Ed England

Licensed Embalmer No.....
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P. O. Address.....
DeSoto

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.