

FILED OCT 24 1955

STANDARD CERTIFICATE OF DEATH

State File No. 35290

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8924

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 35290		Registrar's No. 8924			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (in this place) _____			c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>				STREET ADDRESS (If rural, give location) <u>21 2846 Franklin</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) _____			c. (Last) <u>Williams</u>			4. DATE OF DEATH (Month) <u>10</u> (Day) <u>10</u> (Year) <u>55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6-6-95</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Shaw, Pa.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Willie Williams</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret ?</u>				14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Edward Williams</u> ADDRESS <u>2846 Franklin</u>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Prostate</u>  ANTECEDENT CAUSES Morbid 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 <u>Undt.</u>	
19a. DATE OF OPERATION <u>10-5-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Benign Prostatic Hypertrophy</u>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>9-21</u> , 19 <u>55</u> , to <u>10-10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-10</u> , 19 <u>55</u> , and that death occurred at <u>9: a.</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Merle B. Herriford M.D.</u>				23b. ADDRESS <u>2601 N. Whittier</u>				23c. DATE SIGNED <u>10-10-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremated</u>		24b. DATE <u>10-14-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) <u>St. Louis</u> (State) <u>Mo.</u>					
DATE REC'D BY LOCAL REG. <u>OCT 13 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Beal Und. Co.</u> ADDRESS <u>4303 Delmar</u>					

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

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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 *Samuel G. High*.....

Licensed Embalmer No. *480*.....

P. O. Address *4415 9th*.....

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.