

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

318

State File No. **35291**
8981

PRIMARY REG. DIST. NO. **1003**

FILED NOV 15 1955

No. 300
10.48

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8981		
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 checked="" type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer S. Phillips				e. STREET ADDRESS (If rural, give location) 501 So. Ewing				
3. NAME OF DECEASED (Type or Print) a. (First) Lloyd b. (Middle) William c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1955					
5. SEX M		6. COLOR OF RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Mar. 23, 1954		
9. AGE (In years last birthday) 5		IF UNDER 1 YEAR Days _____		IF UNDER 1 HR. Hours _____		IF UNDER 15 MIN. Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Frank Williams			13b. MOTHER'S MAIDEN NAME Jane Eubanks			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jane Williams ADDRESS 501 So. Ewing			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arsenic poisoning, suffered when deceased accidentally ate rat poison at his home					_____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ate rat poison at his home						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. see October 11, 1955 about						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 600 per. Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 11 55 6:00 pm.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? acc E 8860				
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 10:58 m., from the causes and on the date stated above.								
23. SIGNATURE Patrik F. Taylor (Degree or title) Career				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10/14/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) removed		24b. DATE Oct. 15, 1955		24c. NAME OF CEMETERY OR CREMATORY Oakdale		24d. LOCATION (City, town, or county) (State) Lemay Missouri		
DATE REC'D BY LOCAL REG. OCT 14 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Howell ADDRESS 1221 N. Grand				

(Licensed Embalmer's Statement on Reverse Side)

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 *Malvin Blackman*.....

Licensed Embalmer No... 340.....

P. O. Address 1721 N. 2nd St.

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.