

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39041

State File No.

BIRTH NO. 96702-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10431

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. STREET ADDRESS (If rural, give location) <u>4617 Mc Millan Avenue</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>				d. STREET ADDRESS (If rural, give location) <u>2290</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Williams</u>			b. (Middle)			c. (Last)					
4. DATE OF DEATH (Month) (Day) (Year) <u>November 16 1955</u>			5. SEX <u>Male</u>			6. COLOR OR RACE <u>Negro</u>					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>--</u>			8. DATE OF BIRTH <u>November 16 1955</u>			9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>0</u>		
13a. FATHER'S NAME <u>Robert Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Madlyne Anita Fielder</u>			14. NAME OF HUSBAND OR WIFE <u>--</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>--</u>			16. SOCIAL SECURITY NO. <u>--</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Madlyne Anita Fielder</u>			ADDRESS <u>above</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* <u>Length of gestation not compatible with life</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. <u>776X</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			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) (Min.)		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>Nov 16, 1955</u> , to <u>Nov 16, 1955</u> that I last saw the deceased alive on <u>Nov 16, 1955</u> , and that death occurred at <u>7:30 Pm.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Dr. Ballew M.D.</u>			23b. ADDRESS <u>630 S. Kingshighway</u>			23c. DATE SIGNED <u>11-17-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>NOV 30 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Aker</u>		ADDRESS <u>4404 Mandeville</u>					

(Licensed Embalmer's Statement on Reverse Side)

COPY ON REVERSE SIDE OF THIS CERTIFICATE - 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.