

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39043**
Registrar's No. **9562**

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FILED NOV 18 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) St. Louis		b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) Williams	
c. (Last) Williams		4. DATE OF DEATH (Month) 11 (Day) 1 (Year) 55	
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 6-12-1890
9. AGE (In years, Months, Days) 65	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist	10. KIND OF BUSINESS OR INDUSTRY Fred Harvey	11. BIRTHPLACE (City and State or Foreign Country) Plasterville Ala
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Selena Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 49-18-2133	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nattie Noorhead 3410 Selmer	

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, asthma, 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) Coronary thrombosis		
ANTECEDENT CAUSES		DUE TO (b)	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.1	20. AUTOPSY? 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:40** p.m., from the causes and on the date stated above.

23a. SIGNATURE **Patrick L. Taylor** (Degree or title) _____ 23b. ADDRESS **Coronae 1300 Clark** 23c. DATE SIGNED **11-2-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11-3-55** 24c. NAME OF CEMETERY OR CREMATORY **Douglas** 24d. LOCATION (City, town, or county) (State) **E. St. Louis Ill**

DATE REC'D BY LOCAL REG. **NOV 2 1955** REGISTRAR'S SIGNATURE **J. Carl Smith** FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Mr. A.H. Burke 3506 Franklin**

(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 *Leroy U. Fornwister*

Licensed Embalmer No. *450*

P. O. Address *3887 East*

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.