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FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39046

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9775**

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|---|-----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY | |
| b. CITY 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 type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Ann's Phillips | | STREET ADDRESS 21 2838 Newton | |

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|--|---|
| 3. NAME OF DECEASED (Type or Print) Eugene Williams | 4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1955 |
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|---|--|--|---------------------------------------|---|-----------------------------|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 26 June 1898 | 9. AGE (In years, Months, Days) 57 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during part of work life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and State or Foreign Country) Poplar Co Tenn | | 12. CITIZENSHIP OF WHAT COUNTRY U.S. | |

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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Mary Ann | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) (If Yes, give year or date of service) No | 16. SOCIAL SECURITY NO. No | 17. INFORMANT'S SIGNATURE OR NAME Bea Baskley | ADDRESS 2838 Newton |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Sclerosis | | |
| II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 420.1 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. PLACE OF INCIDENT (Specify) Home | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:45 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Labruk E. King (Degree or title) 3 | 23b. ADDRESS 1300 Clark Ave | 23c. DATE SIGNED 11/9/55 |
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|--|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 9 Nov 55 | 24c. NAME OF CEMETERY OR CREMATORY Graceland | 24d. LOCATION (City, town, or county) (State) St Louis Mo |
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| DATE REC'D BY LOCAL REG. NOV 9 1955 | REGISTRAR'S SIGNATURE Paul Smith | 25. FUNERAL DIRECTOR'S SIGNATURE McReliable Funeral | ADDRESS 1221 N. Taylor |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

can try up

m 25. (Licensed Embalmer's Statement on Reverse Side)

1924
JUL 10 1924

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 Paul V. Freeman

Licensed Embalmer No. 468
P. O. Address 4729 1/2 Ave

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.