

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1956

State File No. 3316

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2425

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) OR WEBSTER GROVES		c. CITY OR TOWN WEBSTER GROVES 0	
c. LENGTH OF STAY (in hospital or institution) 12 YEARS		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 24 SOUTH GORE AVE.		e. STREET ADDRESS (If rural, give location) 24 SOUTH GORE AVE.	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) HENRY	c. (Last) WILLIAMS.	4. DATE OF DEATH (Month) (Day) (Year) JAN. 25, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 15, 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR OF DENTAL SCIENCE. - Dentistry	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) FENTON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME THOMAS JEFFERSON WILLIAMS.	13b. MOTHER'S NAME Mary Emma Pritchett	14. NAME OF HUSBAND OR WIFE MAUDE NORTH WILLIAMS.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 494-42-1547	17. INFORMANT'S SIGNATURE OR NAME MRS. MAUDE NORTH WILLIAMS; 24 SO. GORE AVE;	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 9 yrs
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 153X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan, 1950, to 1-25, 1956, that I last saw the deceased alive on 1-21, 1956, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE Paul O. Hagemann M.D.	(Degree or Title) M.D.	23b. ADDRESS 3720 Washington Ave	23c. DATE SIGNED 1-26-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION.	24b. DATE 1-28-1956	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CREMATORY,	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI.
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DATE REC'D BY LOCAL REG. 1-26-56	REGISTRAR'S SIGNATURE Herbert R. Rombe M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. LUPTON & SONS, 7233 DELMAR BLVD;	ADDRESS
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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 *Arnold W. Schoene*.....

Licensed Embalmer No. *3864*.....

P. O. Address *St. Louis, Mo.*.....

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.