

FILED FEB 17 1956

REG # 13440

SL # 8512

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7404

State File No. _____

Registrar's No. 749

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. _____		Registrar's No. <u>749</u>		
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 (If outside corporate limits, write RURAL and give township) <u>15 N. GRAND, ST. LOUIS, MO.</u>				c. LENGTH OF STAY (in this place) <u>18 DAYS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		d. 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 <u>VETERANS ADMINISTRATION HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>4139 EVANS</u> <u>21190</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) _____ c. (Last) <u>WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-22-56</u>			5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			8. DATE OF BIRTH <u>10-20-93</u>			9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUTCHER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>NATCHEZ, MISSISSIPPI</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>BENJAMIN WILLIAMS</u>			13b. MOTHER'S MAIDEN NAME <u>MELINDIA THOMPSON</u>			14. NAME OF HUSBAND OR WIFE <u>EMILY WILLIAMS</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>486-16-7355</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</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* (a) <u>CARCINOMA OF STOMACH</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>		
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) <u>1517</u>						
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 ^{VA} attended the deceased from <u>1-4-56</u> , 19 <u>56</u> , to <u>1-22-56</u> , 19 <u>56</u> , and that death occurred at <u>1:50 P m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE OF INFORMANT <u>R. A. WILLIAMS</u>				23b. ADDRESS <u>M. D. VAH, ST. LOUIS, MISSOURI</u>			23c. DATE SIGNED <u>1-22-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-27-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Jefferson Bks. Jefferson Barcks MO.</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barcks MO.</u>				
DATE REC'D BY LOCAL REG. <u>JAN 23 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Dement & Son</u> ADDRESS <u>2629-31 Cole St.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *W. Claude Gordon*.....

Licensed Embalmer No. *348*.....

P. O. Address *4575 Al*.....

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.