

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 12 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 466

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Robertson, MO</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY OR TOWN <u>Kinloch</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SARAH FRANCIS Home</u>		e. STREET ADDRESS (If rural, give location) <u>350 Evergreen, St-</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Viola</u>	b. (Middle) <u>A.</u>	c. (Last) <u>WILLIAMS</u>	Month <u>2</u>	Day <u>16</u>	Year <u>56</u>

5. SEX <u>Female</u>	6. COLOR (OR RACE) <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>9-20-1896</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	---------------------------------	---	-----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Private Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>O Fallon, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>George James</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Henderson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-24-4623</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mar B. Davis</u>	ADDRESS <u>4240 W. Cook</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Renal Vascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, Kidneys</u>		
	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 <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
---	--	--

22. I hereby certify that I attended the deceased from 12-1-1955, to 2-16-1956, that I last saw the deceased alive on 2-15-1956, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Francis D. Alexander, M.D.</u>	23b. ADDRESS <u>177 E. Kirkham, Webster, Mo</u>	23c. DATE SIGNED <u>2-18-56</u>
--	---	---------------------------------

24a. DATE REMOVED FROM REGISTRY <u>2-23-56</u>	24b. DATE <u>2-23-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles MO</u>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2-18-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Dozier</u>	ADDRESS <u>Fun. Home Kinloch, Mo</u>
---	--	--	--------------------------------------

WRITE PLAINLY—USING UNFAADING 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 *Treffie E. Cooper*

Licensed Embalmer No. *460*

P. O. Address *4648 St*

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.