

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11789**

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 665	
1. PLACE OF DEATH a. COUNTY ST. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) Kirkwood		c. LENGTH OF STAY (on this place) 1 HOUR		c. CITY OR TOWN ST. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Joseph's Hospital				• STREET ADDRESS (If rural, give location) 4537² Pennsylvania Ave.			
3. NAME OF DECEASED (Type or Print) Velma		a. (First) Velma		b. (Middle) Lorraine		c. (Last) Williams	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug. 13, 1919	
9. AGE (In years last birthday) 36		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LIPIC Pen Co.		10b. KIND OF BUSINESS OR INDUSTRY Machine Operator		11. BIRTHPLACE (City and State or Foreign Country) Hoxie, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Cecil Blackwell		13b. MOTHER'S MAIDEN NAME Vara Storey		14. NAME OF HUSBAND OR WIFE Wilbert D. Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-10-0499		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Constance M. Williams 4537² Pennsylvania			
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 INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock - contusion - brain damage				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Car accident			
DUE TO (c) None				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT OR HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Circal. Jefferson Co., Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 8 56 7^{pm}	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car accident					
22. I hereby certify that I attended the deceased from 3/8 , 19 56 , to 3, 8 , 19 56 , that I last saw the deceased alive on 3/8 , 19 56 , and that death occurred at 9:35 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. C. Simmons M.D.				23b. ADDRESS 414 W. Washington		23c. DATE SIGNED 3/9/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-12-56		24c. NAME OF CEMETERY OR CREMATORY New ST. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) ST. Louis, Co. Mo.	
DATE REC'D BY LOCAL REG. 3-9-56		REGISTRAR'S SIGNATURE Harriet K. Lamb		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. J. + U. G. 2929 So. Jefferson			

(Licensed Embalmers' Seal on Reverse Side)

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

DR. SANNONS
414 W. Washington

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold C. Witt*.....

Licensed Embalmer No. 43

P. O. Address 2929 S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.