

FILED APR 26 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 14980

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3082

1. PLACE OF DEATH a. COUNTY 826 North 23rd St.		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 town) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 9 yrs		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 826 N. 23rd St.		e. STREET ADDRESS (If rural, give location) 826 North 23rd 2219	

3. NAME OF DECEASED (Type or Print)	a. (First) Moses	b. (Middle)	c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) 3 23 56
--	------------------	-------------	--------------------	---

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-10-39	9. AGE (In years, last birthday) 16	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
-------------	------------------------	---	--------------------------	-------------------------------------	-------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pine Bluff, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	---	-------------------------------------

13a. FATHER'S NAME Silas Williams	13b. MOTHER'S MAIDEN NAME Clara Pumphord	14. NAME OF HUSBAND OR WIFE nil
-----------------------------------	--	---------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. nil	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Silas Williams 826 N. 23rd St.
--	-----------------------------	--

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) <i>Acute Pulmonary</i> ANTECEDENT CAUSES <i>Asedema; Contrib. :-</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>(Epilepsy Convulsions)</i> DUE TO (b) <i>(Epilepsy Convulsions)</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
---	--	--	----------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
--	--	---

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 9:57 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Charles E. Smith M.D.</i>	23b. ADDRESS 1200 Olive	23c. DATE SIGNED 3/27/56
---	-------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Shipping	24b. DATE 3-29-56	24c. NAME OF CEMETERY OR CREMATORY Malvern, Ark.	24d. LOCATION (City, town, or county) (State) Malvern, Arkansas xxx
--	-------------------	--	---

DATE REC'D BY LOCAL REG. MAR 27 1956	REGISTRAR'S SIGNATURE <i>Charles E. Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dement & Son 2629-31 Cole St.
--------------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

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 *H. Claude Gordon*

Licensed Embalmer No. *34*

P. O. Address *45-750*

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.