Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Give to Epileptic Alliance

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1956

STATE FILE NUMBER 32505

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8018

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Inside Limits Yes X No 9	c. CITY OR TOWN St. Louis, Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Enroute City Hospital DOA Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4962 Maple Ave. Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print)	First: Roger	Middle: Nelson	Last: Williams	4. DATE OF DEATH	Month Day Year: Aug. 29, 1956
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Jan. 27, 1941	9. AGE (In years last birthday): 15	IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Student	10b. KIND OF BUSINESS OR INDUSTRY: School	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Ernest H. Williams	14. MOTHER'S MAIDEN NAME: Mary Ella Jewell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Mary Ella Williams, 4962 Maple Ave.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation by Drowning, apparently caused when

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) apparently caused when

DUE TO (c) deceased had seizure and

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): apparently rolled into lake

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) in Forest Park on August 29th 1956. Exact time Unknown

20c. TIME OF INJURY ? Hour a. m. p. m. Month, Day, Year 8 29 56

353.3

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.) Park

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 842 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M. Kelly Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 8-30-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 8-30-56	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.	23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR: Albert H. Hoppe	ADDRESS: 4700 Washington,	25. DATE RECD. BY LOCAL REG.: AUG 30 1956	26. REGISTRAR'S SIGNATURE: Earl Smith, MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton R H Remelu

Licensed Embalmer No 42

P. O. Address St Lou

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.