

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36403

State File No.

9233

FILED NOV 16 1956

318

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. Louis</i>		c. CITY OR TOWN <i>ST. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>D. O. A. HOMER PHILLIPS</i>		e. STREET ADDRESS (If rural, give location) <i>119 04048 N. ST. Ferdinand</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>OTIS</i> b. (Middle) <i>Williams</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>10 7 56</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3/15/1905</i>
9. AGE (In years last birthday) <i>51</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Carry Miss.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Charley Daniels</i>	
13b. MOTHER'S MAIDEN NAME <i>Freddie Williams</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>494-07-5518</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Esther Myers</i>		ADDRESS <i>4046 W. Bell</i>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>1. Pulmonary Congestion</i>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>2. Cardiac hypertrophy</i>			
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		19b. MAJOR FINDINGS OF OPERATION <i>4343</i>	
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 OF INJURY (Month) (Day) (Year) (Hour) m.		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 <i>10:00</i> , to <i>11:00</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>10/10/56</i> , 19 <i>56</i> , and that death occurred at <i>5:40 P. M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Joseph M. Quinn</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>10/10/56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>OCT 12 1956</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		24d. LOCATION (City, town, or county) (State) <i>ST. Louis county Mo.</i>	
DATE REC'D BY LOCAL REG. <i>OCT 10 1956</i>		REGISTRAR'S SIGNATURE <i>Paul Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>English Undt. Co.</i>		ADDRESS <i>1123 Taylor</i>	

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 *Wallace R. Williams*

Licensed Embalmer No. *492*
4554
P. O. Address *Levington*
City

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.