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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

STATE FILE NUMBER 39926

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10202

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL ~~OR INSTITUTION~~ (If NOT in hospital, give location): MISSOURI PACIFIC — Length of stay in 1b: 11 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: ST CLAIR
c. CITY OR TOWN: BROOKLYN — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 8120 303 CANAL ST. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First ALFRED Middle Last WILLIAMS

4. DATE OF DEATH: Month Nov. Day 6 Year 1956

5. SEX: MALE 2

6. COLOR OR RACE: NEGRO

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: June 13, 1886

9. AGE (In years last birthday): 70 — 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): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD

11. BIRTHPLACE (City and state or country): NAMEOKA, ILLINOIS

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

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.: 702-12-4487

17. INFORMANT Address: JOHNIE MAE WILLIAMS - 303 CANAL ST. LOVEJOY, ILL.

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): PULMONARY EMBOLISM. — INTERVAL BETWEEN ONSET AND DEATH: 45 MINUTES

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): POST OPERATIVE STATUS. — 11 days
DUE TO (c): INTERNAL HERNIA + GANGRENE OF SMALL BOWEL — 11 days

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

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.) 561.4

20c. TIME OF INJURY Hour ~~a. m.~~ p. m. ~~Month, Day, Year~~

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 26 OCT. 56, to 6 NOV. 56 and last saw ~~her~~ him alive on 5 NOV 56
Death occurred at 7.50 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward J Jordan MD

22b. ADDRESS: Missouri Pacific Hosp.

22c. DATE SIGNED: 7 Nov 56

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: Nov 8, 1956

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): EAST ST LOUIS, ILLINOIS

24. FUNERAL DIRECTOR ADDRESS: MARSHALL FUNERAL HOME - E. ST. LOUIS, ILL.

25. DATE RECD. BY LOCAL REG.: NOV 8 1956

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(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 Thomas M. Wobso

Licensed Embalmer No. 44

2205 Miss

P. O. Address E. St. Louis

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.