

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44105**

318

REG. DIST. NO. **1003** Registrar's No. **11155**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY OR TOWN St Louis	
c. LENGTH OF STAY (in this place)		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home			
3. NAME OF DECEASED (Type or Print) a. (First) Cepine		b. (Middle) Williams	
4. DATE OF DEATH (Month) (Day) (Year) 12-3-56		5. STREET ADDRESS (If rural, give location) 2187 2526 So Harrison	
6. SEX Female	7. COLOR OR RACE negro	8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	9. DATE OF BIRTH Oct 14, 1892
10. AGE (In years last birthday) 64	11. AGE (In years last birthday) Months Days Hours Min.	10. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) New Madrid Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Marion Bowen	14. MOTHER'S MAIDEN NAME Unknown	15. NAME OF HUSBAND OR WIFE Henry Williams
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. SOCIAL SECURITY NO.	18. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Henry Williams - 526 So Harrison	
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hypertensive Cardio-vascular disease due to hypertension due to 442X			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 12/1 to 12/3 , 19 56 that I last saw the deceased alive on 12/3 , 19 56 and that death occurred at 12/3 from the causes and on the date stated above.			
23a. SIGNATURE E. J. Taylor (Degree or title)	23b. ADDRESS 3136 Chestnut	23c. DATE SIGNED 12/5/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-8-56	24c. NAME OF CEMETERY OR CREMATORY Washington PK	24d. LOCATION (City, town, or county) (State) St Louis Mo.
DATE REC'D BY LOCAL REG. DEC 6 1956	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Thomas Jackson - 2726 Jackson	

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..... *John K Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *2405 Main*

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.