U.S. No. 300
Rev. 10.48

FILED MAR 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11296

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1784

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 27 CHRISTIAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: PINE LAWN 4151
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4317 RAVENWOOD

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle):
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): FEB 20 1957

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: July 15, 1879
9. AGE (In years last birthday): 77
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): RETIRED R.R. SECTION FOREMAN
10b. KIND OF BUSINESS OR INDUSTRY: 1
11. BIRTHPLACE (City and State or Foreign Country): MT. HOLLY N.J.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Williams
13b. MOTHER'S MAIDEN NAME: Josephine Houser
14. NAME OF HUSBAND OR WIFE: MARY L.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MARY L. WILLIAMS
ADDRESS: 4317 RAVENWOOD

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriolar nephrosclerosis, advanced — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonia — 12-24 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1954, *to* Feb. 20, 1957, *that I last saw the deceased alive on* Feb. 19, 1957, *and that death occurred at* 1:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William N. Grundmann, M.D.
23b. ADDRESS: 3118 N. Grand Ave., St. Louis 7
23c. DATE SIGNED: 2/21/57

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: FEB. 20. 1957
24c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEMETERY
24d. LOCATION (City, town, or county) (State): ST. CHARLES MO

DATE REC'D BY LOCAL REG.: FEB 21 '57
REGISTRAR'S SIGNATURE: Paul Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: E. L. Prinster
ADDRESS: St. Charles, Mo.
(Licensed Embalmer's Statement on Reverse Side)
PRINSTER-HUGHES F.H. INC.

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 embalme

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John L. Demmel

Licensed Embalmer No. 4194

P. O. Address St. Louis

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.