

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 0 2 3 0 0 8
State File No.

FILED JUN 26 1957

Registrar's No. 5665

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>5665</u>							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. LENGTH OF STAY (in this place)					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D1 5317 Gilson Ave</u>				e. STREET ADDRESS (If rural, give location) <u>21510 5317 Gilson Ave</u>									
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)				
<u>IDA</u>			<u>IDA</u>		<u>WILLIAMS</u>		<u>WILLIAMS</u>		<u>6-16-1957</u>				
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
<u>Female</u>		<u>White</u>		<u>Widow</u>		<u>12-2-1869</u>		<u>87</u>		Months		Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?					
<u>At Home</u>						<u>Missouri</u>		<u>U.S.A.</u>					
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE					
<u>Henry Nicolay</u>				<u>Theresa Meyer</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME				ADDRESS			
<u>No</u>				<u>None</u>		<u>A. J. Nicolay</u>				<u>10049 Elise Dr. Affton</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)						MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
		<u>Generalized Arteriosclerosis</u>											
		ANTECEDENT CAUSES											
		Morbidity 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.								<u>450.0</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u>					
								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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00 Am.</u> , from the causes and on the date stated above.													
23. SIGNATURE (Degree or title)						23b. ADDRESS				23c. DATE SIGNED			
<u>Patricia J. Taylor Coroner</u>						<u>1300 Clark</u>				<u>6.18.57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)							
<u>Removal</u>		<u>6-18-1957</u>		<u>National Cemetery</u>		<u>Jefferson Barracks Mo Mo</u>							
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS							
<u>JUN 18 57</u>		<u>J. Carl Smith M.D.</u>		<u>Beeghly</u>		<u>6409 Gravois Ave</u>							
												(Licensed Embalmer's Statement of Reverse Side)	

Coroner

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Jan M. Simon*

Licensed Embalmer No. 1345

P. O. Address *St. Louis*

A 010

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.

0.4 If this body is not embalmed, fact should be so stated above.

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