FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29455
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7168

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis,Mo. Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Ferguson 4109 Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 14 Jewish Hospital Length of stay in 1b 7hrs.	d. STREET ADDRESS (If outside, give location) 27 723 Darst Rd. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First Helen	Middle Lydia	Last Williams	4. DATE OF DEATH Month Day Year August 1,1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Feb.1,1894	9. AGE (In years last birthday) 63 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) St.Louis,Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.A.	
13. FATHER'S NAME Henry Williams		14. MOTHER'S MAIDEN NAME Helen V.Cummings		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 0	16. SOCIAL SECURITY NO. none	17. INFORMANT Address William Howard French(husband)723 Darst Rd.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC DECOMPENSATION	2 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	RHEUMATIC HEART DISEASE	?
DUE TO (c)	416X	

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 ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

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 11/28/56, to 7/31/57 and last saw her ~~him~~ alive on 7/31/57
Death occurred at 1 30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harry Agnes Mead	22b. ADDRESS 634 N. Grand	22c. DATE SIGNED 8/1/57
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8-3-57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis Co.,Mo.		
24. FUNERAL DIRECTOR C.R.Lupton & Sons	ADDRESS 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. AUG 1 '57
26. REGISTRAR'S SIGNATURE J Carl Smith MD MSB		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoe

Licensed Embalmer No. 38

P. O. Address St. Lou

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.