

FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30490**

| | | | | | | | | |
|--|--|---|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 217 | | PRIMARY REG. DIST. NO. 500 | | Registrar's No. 1909 | | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Koch | | c. LENGTH OF STAY (in this place) 2 yrs 9 mos | | c. CITY OR TOWN St. Louis | | d. Is 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 (If not in hospital or institution, give street address or location) 29 Robert Koch Hospital | | | | e. STREET ADDRESS (If rural, give location) 2/370 5508 Southwest | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Lulu c. (Last) Williams | | | 4. DATE OF DEATH (Month) (Day) (Year) July 31 1957 | | | | | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH 8-9-94 | | |
| 9. AGE (In years last birthday) 62 | | IF UNDER 1 YEAR Months 11 | | IF UNDER 24 HRS. Days 22 | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Robert Burger | | | 13b. MOTHER'S MAIDEN NAME caroline otto | | | 14. NAME OF HUSBAND OR WIFE Fred Williams (Dec'd) | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. 444-34-5629 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Lehman 4612 Arsenal St. | | | | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pulmonary Tuberculosis ANTECEDENT CAUSES Morbid 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. Diabetes mellitus | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 years ? | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 002X | | | | | 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) (Minute) | | 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 Dec 31, 1954 , to July 31, 1957 , that I last saw the deceased alive on July 31, 1957 , and that death occurred at 10:25 A.M. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Bernard Friedman, M.D. | | | | 23b. ADDRESS Robert Koch Hospital | | 23c. DATE SIGNED 7-31-57 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Aug. 3, 1957 | | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | |
| DATE REC'D BY LOCAL REG. 8-1-57 | | REGISTRAR'S SIGNATURE Herbert R. Cook M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. | | | | |

(Licensee's Certificate Statement on Reverse Side)

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

STUDENT

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 *Richard W. Stoves*.....

Licensed Embalmer No. 400.....

P. O. Address

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.