FILED SEP 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 30491

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2088

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch, Missouri — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Robert Koch Hosp. Koch, Mo. — Length of stay in this Inst. 30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 2738 Park (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROY Middle FRED Last WILLIAMS

4. DATE OF DEATH Month Aug. Day 20 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ Separated X
8. DATE OF BIRTH Jan. 25, 1907
9. AGE (In years last birthday) 50 yrs — 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) NIL
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Charleston, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME W. E. Williams
14. MOTHER'S MAIDEN NAME Martha Miller

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. 493-03-3667
17. INFORMANT Robert Koch Hosp. Records, Koch, Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 4-1/2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 002X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 8-16-57 to 8-20-57 and last saw him alive on 8-20-57
Death occurred at 8:10 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Axel R. Stroman (Degree or title) M. D.
22b. ADDRESS Robert Koch Hosp. Koch, Mo.
22c. DATE SIGNED 8-21-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 23-57
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri.

24. FUNERAL DIRECTOR Leidner Undertaking Co ADDRESS 2223 St. Louis
25. DATE RECD. BY LOCAL REG. Av. 8-21-57
26. REGISTRAR'S SIGNATURE Herbert D. Donohue MD

(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.. Albert Mayfield

Licensed Embalmer No. 3

P. O. Address St Louis

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.