

XC 14806028 SL4152

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH34318
STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9154

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE VA HOSPITAL | | Length of stay in lb 23 days | |
| 3. NAME OF DECEASED (Type or print) Clarence Williams | | 4. DATE OF DEATH Month 9 Day 28 Year 57 | |
| 5. SEX male | 6. COLOR OR RACE negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10-23-07 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | | 9b. KIND OF BUSINESS OR INDUSTRY | 9c. AGE (In years last birthday) 49 |
| 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | | 11. BIRTHPLACE (City and state or country) Yazoo City, Mississippi | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Elijah Williams | | 14. MOTHER'S MAIDEN NAME Frances Redman | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WWII | | 16. SOCIAL SECURITY NO. 495180743 | 17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MO. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 420.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cirrhosis of the liver | | | INTERVAL BETWEEN ONSET AND DEATH Unk. Unk. |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 9-5-57 to 9-28-57 and last saw her him alive on 9-28-57 Death occurred at 6:20 P m on the date stated above; and to the best of my knowledge, from the causes stated | | | |
| 22a. SIGNATURE (Degree or title) <i>[Signature]</i> | | 22b. ADDRESS M.D. VAH, ST. LOUIS, MO. | |
| 22c. DATE SIGNED 9-28-57 | | | |
| 23a. BURIAL, CREATION, REMOVAL (Specify) Removal | | 23b. DATE 10-4-57 | |
| 23c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. | |
| 24. FUNERAL DIRECTOR Hughes Funeral Home | | 25. DATE RECD. BY LOCAL REG. OCT 1 57 | |
| ADDRESS 2620 Lawton Ave. | | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service
300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Securing this certificate

(Licensed Embalmer's Statement on Reverse Side)

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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 em

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

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed James A. Carter

Licensed Embalmer No. 46

P. O. Address J. Low

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.