

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **46486**
12232
Registrar's No.

FILED JAN 13 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 35 Yrs.		d. STREET ADDRESS (If rural, give location) 4260 Norfolk	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital		3. NAME OF DECEASED (Type or Print) a. (First) LEROY b. (Middle) OTISS c. (Last) WILLIAMS	
4. DATE OF DEATH (Month) (Day) (Year) 12-16-1957		5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 8-21-1899		9. AGE (In years last birthday) 58 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Troubleman	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Williams		13b. MOTHER'S MAIDEN NAME Christy Matthews	
14. NAME OF HUSBAND OR WIFE Lola		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 Lola Williams, 4260 Norfolk ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) CORONARY OCCLUSION		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CORONARY OCCLUSION	
ANTECEDENT CAUSES		DUE TO (b)	
DUE TO (c)		19. DATE OF OPERATION	
1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19b. MAJOR FINDINGS OF OPERATION 420.1	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 12-16, 1957 , to 12-16, 1957 , that I last saw the deceased alive on 12-16, 1957 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Vincent J Townsend MD (Degree or title)		23b. ADDRESS 3101st Sutton Ave Maplewood Mo	
23c. DATE SIGNED 12-16-57		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 12-20-57		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE McLAUGHLIN'S, 2301 Lafayette ADDRESS	
DATE REC'D BY LOCAL REG. DEC 20 57		REGISTRAR'S SIGNATURE Paul Smith MD	

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
Student Embalmer

Signed _____

James R. Chapman
Licensed Embalmer No. *4550*
P. O. Address *H. Lewis, Md.*

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