

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007974  
State File No. 1522  
Registrar's No.

FILED MAR 7 - 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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) St. Louis, Mo. c. LENGTH OF STAY (in this place) 5 Yrs. 29 Da.  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital e. STREET ADDRESS (If rural, give location) 2670 1944 Wright St.

3. NAME OF DECEASED a. (First) Minnie b. (Middle) \_\_\_\_\_ c. (Last) Williams 4. DATE OF DEATH (Month) (Day) (Year) February 7--1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Dec. 16, 1873 9. AGE (In years last birthday) 84 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) At home 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE Middleton Missouri (Foreign Country)  12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ace Williams 13b. MOTHER'S MAIDEN NAME Sarah ? 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

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. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Katie Keating ADDRESS 4242 a Norfolk Ave.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bilat. Bronchopneumonia MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 5 days  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) 491X  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic Heart Disease 5 yrs.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? Yes  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Jan. 9, 19 53 to February 7, 19 58, that I last saw the deceased alive on Feb. 7, 19 58, and that death occurred at 6:25 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D. 23b. ADDRESS 5800 Arsenal 23c. DATE SIGNED 2/8/58

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 2-10-58 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. FEB 10 1958 REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullen & Kelly 7267 Natural Bridge Blvd.

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

M. J. B.

(Licensed Embalmer's Statement on Reverse Side)

---

---

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.....*James A. Lammert*

Licensed Embalmer No.....*414*

P. O. Address.....*St. Louis*

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.