

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16889-58
58-012493
State File No.

FILED APR 3 1958

3467

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death)
a. STATE **Missouri** b. COUNTY **Jefferson**

b. CITY (If outside corporate limits, write RURAL and give township) OR **St. Louis** c. LENGTH OF STAY (In this place) **2 hours**
c. CITY OR TOWN **Festus** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. Louis Children's Hospital** e. STREET ADDRESS (If rural, give location) **114 Richard Street** **05010**

3. NAME OF DECEASED (Type or Print) a. (First) **(Baby Boy)** b. (Middle) _____ c. (Last) **Williams** 4. DATE OF DEATH (Month) (Day) (Year) **3--5--58**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never married** 8. DATE OF BIRTH **3/5/58** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. **4hr**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and State or Foreign Country) **Festus, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Charles A. Williams** 13b. MOTHER'S MAIDEN NAME **Shirley Wolsey** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if in uniform) (If in, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Jane Henrichsen-500 S. Kingshighway**

18. CAUSE OF DEATH (Enter only 1 cause per line (a), (b), and (c))
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Atelectasis**
INTERVAL BETWEEN ONSET AND DEATH **4 hr.**
ANTECEDENT CAUSES DUE TO (b) **Prematurity**
INTERVAL BETWEEN ONSET AND DEATH **4 hr.**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **762.5**
Conditions contributing to the death but not related to the disease or condition causing death.

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 **3-5-58**, 19____, to **3-5-58**, 19____, that I last saw the deceased alive on **3-5-58**, 19____, and that death occurred at **6:20pm**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Barbara Jones, M.D.** 23b. ADDRESS **500 S. Kingshighway** 23c. DATE SIGNED **3-5-58**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE **3-31-58** 24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **MAR 26 58** REGISTRAR'S SIGNATURE **Carl Smith MD Rowland-Alex / 4104 Mandate** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____

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

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.....

Licensed Embalmer No.....

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.