

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-019377  
 State File No. ....

BIRTH NO. JUN 9 1958 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 141

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

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. CHARLES</b>		
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. CHARLES</b>		c. LENGTH OF STAY (in this place township) <b>6 YRS</b>	c. CITY OR TOWN <b>ST. CHARLES</b> <sup>0923</sup>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1019 R. OLIVE STR.</b>			e. STREET ADDRESS (If rural, give location) <b>1019 R. OLIVE STR.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>WILLIAMS</b> c. (Last) <b>WILLIAMS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 31 1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>2 NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JULY 1893</b>	9. AGE (In years last birthday) <b>64</b>	10. IF UNDER 1 YEAR Months <b>10</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HAULING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WARREN COUNTY MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NONE</b>		16. SOCIAL SECURITY NO. <b>498-14-5097</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Warren M R Redmond</b> ADDRESS		
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.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Esophagus with Tracheo-bronchial fistula</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>6 months</b> <b>1 month</b>
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>150 X</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR _____
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) _____ m. 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>April 21, 1958</b> , to <b>May 31, 1958</b> , that I last saw the deceased alive on <b>May 31, 1958</b> , and that death occurred at <b>2:45 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Don 2. Randall, M.D.</b> (Degree or title) <b>207 N. 5th</b>			23b. ADDRESS <b>St. Charles, Mo.</b>		23c. DATE SIGNED <b>June 2, 1958</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-3-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CEM</b>	24d. LOCATION (City, town, or county) (State) <b>ST. CHARLES Mo</b>		
DATE REC'D BY LOCAL REG <b>JUN 2-58</b>		REGISTRAR'S SIGNATURE <b>Margaret Wilson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. L. Prinster St. Charles Mo.</b>	

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Howard O Kessler*

Licensed Embalmer No. *463*

P. O. Address *Wentzville,*

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.