Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034944
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2518

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN Clayton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hosp. — Length of stay in Ib 2 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St Louis
c. CITY OR TOWN Kirkwood 4091 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1118 Waring — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Albert Middle Last Williams
4. DATE OF DEATH Month Sept Day 29 Year 1958
5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH UNK
9. AGE (In years last birthday) UNK. 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) Clergyman
10b. KIND OF BUSINESS OR INDUSTRY Church
11. BIRTHPLACE (City and state or country) Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNK.
13b. MOTHER'S MAIDEN NAME UNK.
14. NAME OF HUSBAND OR WIFE UNK.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) Unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-09-8488
17. INFORMANT Gertrude Talley Address 1119 Warning

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 9/1/58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) with cardiac insufficiency.
DUE TO (c) 4200 — 9/29/58
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Uremia and chronic pyelonephritis
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9-18-1958 to 9-29-1958 and last saw her/him alive on 9-29-1958
Death occurred at 8:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Angelo A. Apeno M.D. (Degree or title)
22b. ADDRESS 601 S. Brentwood, Clayton
22c. DATE SIGNED 9-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct 3, 1958
23c. NAME OF CEMETERY OR CREMATORY Washington Pk
23d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

24. FUNERAL DIRECTOR Boyd Bros. Funeral Home
ADDRESS Kirkwood
25. DATE RECD. BY LOCAL REG. 10-1-58
26. REGISTRAR'S SIGNATURE Herbert B. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 ..... Signed Edward A. Tilynn
Signature of Student Embalmer

Licensed Embalmer No. 4444

P. O. Address Kintoch

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.