

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038337

STATE FILE NUMBER

10422

FILED NOV 10 1958

Registration District No. 318

Primary Registration District No. 1003

Registration District No. 10422

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Mo.				c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) 125 Aubert Wk. 125				STREET ADDRESS (If outside give location) 125 Aubert			
3. NAME OF DECEASED (Type or print) Eddie Williams				4. DATE OF DEATH Month 10 Day 11 Year 48			
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH =	
9a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Miss. U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME W. F.				14. MOTHER'S MAIDEN NAME E. Taylor			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give number of service)		16. SOCIAL SECURITY NO. None		17. INDEPENDENT ADDRESS E. Taylor Cr 1300 Clark			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of Liver</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 156.1.							
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		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.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James M. Kelly, Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 10.21.58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-31-1958		23c. NAME OF CEMETERY OR CREMATORY Dooker Washington Cem		23d. LOCATION (City, town, or county) (State) East St. Louis, Ill.	
24. FUNERAL DIRECTOR G. T. NASH FUNERAL HOME				25. DATE RECD. BY LOCAL REG. OCT 3 0'58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

6104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
Public Service
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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,

NOT EMBALMED

Student
Signature of Student Embalmer

Signed *M. Frances Nash*

Licensed Embalmer No. *44*

P. O. Address *111 N. 1*

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.