Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-038342
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registration No. 10177

REC'D NOV 10 1958

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St Louis — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): City Hosp. — Length of stay in 1b: D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN: St Louis — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 5800 Arsenal — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: LENA Middle: Last: WILLIAMS

4. DATE OF DEATH: Month: Oct Day: 6 Year: 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: Sept 15, 1874

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): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): New Madrid Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Thadeus Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Wm. Krobot Address: 2331 Mullanphy

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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) Extreme generalized arteriosclerosis with occlusion of right coronary artery; basilar artery with pontine infarction,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) bilateral lobar pneumonia and severe vascular renal atrophy. Fracture of right hip; generalized arteriosclerosis
DUE TO (c) fromfall out of bed on September 27, 1958 at
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)
Chronic Hospital. ACCIDENT

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
see above 4201F

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: 9/27/58

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.): 13 hospital

20f. CITY, TOWN, OR LOCATION: St. Louis, COUNTY: STATE: Missouri

21. I attended the deceased from 1240 and last saw her/him alive on
Death occurred at 1240 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Professional Title): 3

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 10/24/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/24/58

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St Louis Mo.

24. FUNERAL DIRECTOR: Cullen-Kelly ADDRESS: 7267 Natl Bridge

25. DATE RECD. BY LOCAL REG.: OCT 24 '58

26. REGISTRAR'S SIGNATURE: J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

MSB

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 James A. Lammers

Licensed Embalmer No. 4142

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.