

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58--042434
STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11209

Health, Welfare, Public Service

300
-57
3

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Local, coroner, etc. must use only standard nomenclature in Part 18. No symptoms or diseases in Part 1 must be causally related.

1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) Saint Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Saint Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
38 6. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Length of stay in lb D/O/A 2/19/58		d. STREET ADDRESS (If outside, give location) 2008 Enright Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Walter Williams				4. DATE OF DEATH Month November Day 17 Year 1958			
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Nov. 30, 1902	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sandhog		11. BIRTHPLACE (City and state or country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sandhog			10b. KIND OF BUSINESS OR INDUSTRY Construction Co.		11. BIRTHPLACE (City and state or country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Martin Williams			13b. MOTHER'S MAIDEN NAME Mary Thomas			14. NAME OF HUSBAND OR WIFE Cherry Belle Williams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. ---		17. INFORMANT Phoebe Buckner Address 3048 Thomas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hemorrhage DUE TO (b) Pneumothorax and Hemothorax Left side DUE TO (c) Multiple Fractures PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease or condition. supported from ground by car operated in spec. area Guiscard (col) and al inspection of Curving and Delmar						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
20c. TIME OF INJURY 6:30 p.m. 11/17/58			20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21 Street				
20d. INJURY OCCURRED WHILE AT <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.) 21 Street		20f. CITY, TOWN, OR LOCATION St Louis Mo		
21. I attended the deceased from 643 P. and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Patrik Taylor Carver (Degree or title) 3			22b. ADDRESS 1300 Clark			22c. DATE SIGNED 11-20-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-24-1958		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) Saint Louis, Missouri	
24. FUNERAL DIRECTOR E. B. Kramer ADDRESS 1221 N. Grand			25. DATE RECD. BY LOCAL REG. NOV 20 58		26. REGISTRAR'S SIGNATURE J. Carl Smith MO		

m8B

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 *Melvin Blitchman*

Licensed Embalmer No. 3962.....

P. O. Address 1221 N. Grand.....

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.