

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046512

STATE FILE NUMBER

97601-58
FILED JAN 14 1959

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12804

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1-57

1. PLACE OF DEATH a. COUNTY			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) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer G. Phillips		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4457 No. Garfield		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Barbara Middle Williams Last Williams			4. DATE OF DEATH Month 12 Day 7 Year 58			
5. SEX Fem. 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-7-58		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. 31	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Saint Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Annie Lee Williams		
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Mary D. [unclear]</i> R.R. Address 2601 N. Whittier		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Immaturity (27 wks. gestation) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 776 X DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		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.)		
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from 12-7-58 to 12-7-58 and last saw her <input checked="" type="checkbox"/> alive on 12-7-58 Death occurred at 9:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <i>Jesse L. [unclear]</i> M. D.		22b. ADDRESS 2601 N. Whittier		
22c. DATE SIGNED 12-31-58		23a. BURIAL, CREMATION, REMOVAL (Specify) 1-31-59		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board		
23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)		24. FUNERAL DIRECTOR Rowland Aker 4104 Manchester		
25. DATE RECD. BY LOCAL REG. JAN 8 '59		26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i> MJB				

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. 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
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.