

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003642

State File No.

FILED JAN 26 1959

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 219

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>12</u>		d. STREET ADDRESS (If rural, give location) <u>2545 N. Market</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>			

3. NAME OF DECEASED (Type or Print) <u>Loubet Williams</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 7 59</u>	
a. (First)	b. (Middle)	c. (Last)	
5. SEX <u>Male & Negro</u>	6. COLOR OR RACE <u>Never Married</u>	7. MARRIED, NEVER MARRIED, & WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>4-2-1910</u>
9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 2 WKS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Interior Dec.</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, La.</u>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Thomas Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Mae Nelson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>457-32-1604</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Patrick Taylor Carauer</u> ADDRESS <u>1300 Clark</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tautine Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>331x</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 500A m., from the causes and on the date stated above.

22a. SIGNATURE <u>Patrick Taylor Carauer</u> (Describe or title) <u>3</u>	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>1.8.59.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-10-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington, LA.</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, LA.</u>
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DATE REC'D BY LOCAL REG. <u>JAN 8 '59</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McClain</u> ADDRESS <u>4851 Washington</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

28
14

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
Student Embalmer

Signed *Leroy W. Dannie*

Licensed Embalmer No. *4523*

P. O. Address *4257 Washington*

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 this body is not embalmed, fact should be so stated above.