

FILED MAY 15 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015968

STATE FILE NUMBER

2 4219

Registration District No. Primary Registration District No. Registrar's No.

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) OR TOWN ST LOUIS MO				c. CITY OR TOWN KIRKWOOD MO		d. STREET ADDRESS 317 ELECTRIC ST	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION FIRMINDESLOGE				4. DATE OF DEATH APRIL 21 59			
5. SEX MALE				6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH APRIL 18, 59				9. AGE (In years last birthday) 3		10. IF UNDER 1 YEAR 3 MONTHS	
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) ST LOUIS MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME JAMES WILLIAMS			
14. MOTHER'S MAIDEN NAME VIVIENNE DUDLEY				15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO			
16. SOCIAL SECURITY NO. NONE				17. INFORMANT VIVIENNE WILLIAMS ELECTRIC			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation prematurity - 36 weeks Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity (36 wks-32) 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)						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 Month, Day, Year 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		20g. COUNTY		
20h. STATE		21. I attended the deceased from 4-18-59 and last saw him alive on 4-21-59 Death occurred at 11:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Loren E. Egle Degree or title) M.P.M.D.				22b. ADDRESS 1695 S. Brentwood		22c. DATE SIGNED 4/25/59	
23a. FUNERAL, CREMATION, OR BURIAL (Specify)		23b. NAME OF CEMETERY OR CREMATORY		23c. LOCATION (City, town, or county) (State)			
Burial April 30, 59		Father Dickerson		Crete Mo			
24. FUNERAL DIRECTOR L. J. Vandell ADDRESS 1746 Keston			25. DATE RECD. BY LOCAL REG. APR 30 '59		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

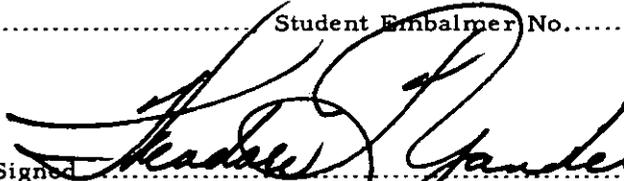
(Licensed Embalmer's Statement on Reverse Side)

2783

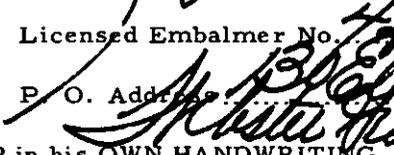
STATEMENT BY LICENSED EMBALMER

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. 40

P. O. Address 

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.