

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016236

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 317

Primary Registration District No. 590

Registrar's No. 1097

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsdale, 20		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hillsdale 4301 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6253 St. Louis Ave.		Length of stay in lb 19 Years	d. STREET ADDRESS (If outside, give location) 6253 St. Louis Ave., 20 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
MARY ELIZABETH WILLIAMS			April 19th, 1959			

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 26, 1896	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	10b. KIND OF BUSINESS OR INDUSTRY Payette Plumb Mfg. Co.	11. BIRTHPLACE (City and state or country) Perth Amboy, New Jersey	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME (Unknown) Jensen	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ernest Williams
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 492-32-2144	17. INFORMANT Ernest Williams, 6253 St. Louis Ave., 20.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia (?)		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma of Endometrium DUE TO (c) wid. extensive metastases - abd. - scalp etc.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 172X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <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 St. Louis	COUNTY St. Louis	STATE Missouri
21. I attended the deceased from Apr. 15, 1959 to Apr. 21, 59 and last saw her alive on 4-19-59 (Dr. Musclany) Death occurred at 5:45 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Clayton A. Arneson M.D. (Degree or title)	22b. ADDRESS 457 No. Kingshighway St. Louis	22c. DATE SIGNED Apr 21, 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-22-59	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gardens	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.	25. DATE RECD. BY LOCAL REG. 4-21-59	26. REGISTRAR'S SIGNATURE John C. Musclany, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must use only standard nomenclature in their title. No symptoms with be listed.

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 *John A. McLean*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

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.