

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019785

STATE FILE NUMBER  
2 4535

FILED MAY 18 1959

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) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hosp.		d. STREET ADDRESS (If outside, give location) 4039 Russell Blvd.	
3. NAME OF DECEASED (Type or print) First Middle Last RUDY T. WILLIAMS			4. DATE OF DEATH Month Day Year May 8 1959
5. SEX Male <input checked="" type="radio"/>	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 May 23, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver-Standard Oil Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chamois, Mo.
13a. FATHER'S NAME Daniel Williams		13b. MOTHER'S MAIDEN NAME Emma Niemeyer	14. NAME OF HUSBAND OR WIFE Laura M. Williams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO.	17. INFORMANT Address Laura M. Williams 4039 Russell Bl.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary edema, atelectasis rt lung, pneumonia - operation, colon resection for adeno carcinoma descending colon</i> DUE TO (b) <i>operation colon resection for adeno carcinoma descending colon</i> DUE TO (c) <i>ADENO CARCINOMA descending colon</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT related to the terminal disease condition given in PART I (a) <i>Hepatic metastasis, renal failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>5 days</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.) <i>4-24-59</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St Louis 5-7-59 MO</i>
21. I attended the deceased from <i>April 24 1959</i> to <i>May 7 1959</i> and last saw <sup>her</sup> him alive on <i>May 7 1959</i> Death occurred at <i>3:00 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Gene B. Starke</i> (Name or title) M. D. <input checked="" type="radio"/>		22b. ADDRESS <i>100 No. Euclid</i>	22c. DATE SIGNED <i>MAY 18 59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>May 11, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Cemetery</i>	23d. LOCATION (City, town, or country) (State) <i>St. Louis, Mo.</i>
24. FUNERAL DIRECTOR <i>Kriegshauser 4228 S. Kingshighway</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 8 '59</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

*m83*

**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 *Edwin J McArthur* .....

Licensed Embalmer No. *3024* .....

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.**