

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023527

State File No. _____

FILED JUN 24 1959

Registrar's No. **2 5389**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 2 5389		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 0		c. CITY OR TOWN Arnold		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS (If rural, give location) Route # 1				
3. NAME OF DECEASED (Type or Print) a. (First) Baby Girl b. (Middle) Williams c. (Last) Williams			4. DATE OF DEATH (Month) (Day) (Year) 6 - 4 - 59					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant 0	8. DATE OF BIRTH 6-3-59	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 3 Days 10	IF UNDER 24 HRS. Hours 10 Min. 40		
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 Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Kenneth Durad Williams		13b. MOTHER'S MAIDEN NAME Elizabeth Louise Reynolds		14. NAME OF HUSBAND OR WIFE infant				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Williams Route # 1 Arnold, MO				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (21 week fetus) INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 776x 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 6-3- , 19 59 , to 6-4- , 19 59 , that I last saw the deceased alive on 6/4 , 19 59 , and that death occurred at 4:00 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE Hugh R. Smith			(Degree or title) M.D.		23b. ADDRESS 100 N. Euclid		23c. DATE SIGNED 6-4-59	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY 6 1959	24c. NAME OF CEMETERY OR CREMATORY BURGESS CEMETERY		24d. LOCATION (City, town, or county) (State) ANTONIA MO			
DATE REC'D BY LOCAL REG. JUN 5 59		REGISTRAR'S SIGNATURE Loan Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE HEILBTAG		ADDRESS IMPERIAL MO		

(Licensed Embalmer's Statement on Reverse Side)

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

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mib

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 *NOT EMBALMED*, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. *Elmer A. Heston*

Licensed Embalmer No. *3571*

P. O. Address *Imperial*

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.