

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023528

STATE FILE NUMBER

FILED JUN 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **5636**

300

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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 Mo		c. CITY OR TOWN ST. LOUIS	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri-Pacific Hosp.		d. STREET ADDRESS 4716 S LOCKE	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) DOLFE J. WILLIAMS			4. DATE OF DEATH JUNE 11 1959
First Middle Last			Month Day Year
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 13 1887
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER		9b. KIND OF BUSINESS OR INDUSTRY (D. + W. VARIETY STORE)	9c. BIRTHPLACE (City and state or country) AUSTRIA
10a. FATHER'S NAME EDWARD KOM		10b. MOTHER'S MAIDEN NAME LENA FAFT	10c. CITIZEN OF WHAT COUNTRY? U.S.A.
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12. SOCIAL SECURITY NO. —	13. INFORMANT MARIE BANDEN Address 5424 PERNOD
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 420.1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Perforated Gall Bladder with Peritonitis, operated 6/10/59			15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
16a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
17. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	18. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ 5:35p. on the date stated above; and to the best of my knowledge, from the causes stated.	
22. SIGNATURE Claud D. Wasto (Degree or title) M.D.		23. ADDRESS 4909 Midenwood	24. DATE SIGNED 6-12-59
25. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	26. DATE JUNE 15 1959	27. NAME OF CEMETERY OR CREMATORY S-S. PETERS PAUL	28. LOCATION (City, town, or county) (State) ST. LOUIS Mo
29. FUNERAL DIRECTOR Thomas Kutas ADDRESS 2906 Gravia	30. DATE RECD. BY LOCAL REG. JUN 12 59	31. REGISTRAR'S SIGNATURE Claud Smith, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 Eleanor Province

Licensed Embalmer No. 3403

P. O. Address Jennings 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.