

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023533
STATE FILE NUMBER

FILED JUN 19 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 4815

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Brentwood		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ev. Deaconess Hosp. 11 days		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1337a McCutcheon		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RICHARD Middle (NMN) Last WILLIAMS			4. DATE OF DEATH Month May Day 16 , Year 1959		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 5, 1959		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 11 Days 11 IF UNDER 24 HRS.: Hours 11 Min.
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, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Richard N. Williams, Jr.		13b. MOTHER'S MAIDEN NAME Wanda Ione Rolston	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Richard N. Williams, Jr.		Address 1337a McCutcheon		17. INFORMANT Richard N. Williams, Jr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature Birth-(24 weeks gestation)					INTERVAL BETWEEN ONSET AND DEATH 11 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 776x					
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 _____ a.m. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION			20f. COUNTY STATE		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		
21. I attended the deceased from Death occurred at 3:15 AM on 5/5/1959 to 5/16/1959 and last saw ^{him} alive on 5/16/1959 on the date stated above; and to the best of my knowledge, from the causes stated.			21. I attended the deceased from Death occurred at 3:15 AM on 5/5/1959 to 5/16/1959 and last saw ^{him} alive on 5/16/1959 on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Frank L. Minnett M.D.</i>			22b. ADDRESS 35 N. Central, Clayton 5 Mo		22c. DATE SIGNED 5/16/1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/18/1959	23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Bl.			25. DATE RECD. BY LOCAL REG. MAY 18 '59		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

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

NO EMBALMING

Signed *James H. Alexander*
Prest. Alexander & Sons, Inc.
Licensed Embalmer No. _____
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.