

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042960

XC-1517 4014 Reg #A-908 FILED VS DEC 3 1959 500

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3011

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY OR TOWN RICHWOODS	
Length of stay in lb 10 days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) GEN. DEL.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILSON Middle WILLIAMS Last WILLIAMS			4. DATE OF DEATH Month 11 Day 11 Year 59		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-9-89	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 11 Days 11	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY BREWING	11. BIRTHPLACE (City and state or country) RICHWOODS, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME GENERAL JACKSON WILLIAMS	13b. MOTHER'S MAIDEN NAME EVE ADDEN	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. unk	17. INFORMANT Address VA HOSPITAL RECORDS, JEFF. BRKS., 25, MO.
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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) Cerebral Infarct		INTERVAL BETWEEN ONSET AND DEATH 11 days
DUPLICATE CAUSE (b) Arteriosclerosis		
DUPLICATE CAUSE (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 10:15 a.m. 11-11-59 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <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 VAH., JEFF. BRKS., 25, MO. COUNTY STATE
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21. VA died the deceased from 11-1-59 to 11-11-59 NO RECORD Death occurred at 10:15 B m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert C. Opler M.D. for	22b. ADDRESS VAH., JEFF. BRKS., 25, MO.	22c. DATE SIGNED 11-11-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-16-1959	23c. NAME OF CEMETERY OR CREMATORY NATIONAL	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO
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24. FUNERAL DIRECTOR ADDRESS MAHN FUNERAL HOME DESOTO, MO	25. DATE RECD. BY LOCAL REG. 11-13-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

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

Samuel J. Ma...

Licensed Embalmer No. 432

P. O. Address Red...

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.