

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
ELED VS JAN 11 1960

'59 0 4 6 0 8 9

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **211553**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis				Length of stay in 1b		c. CITY OR TOWN Lemay			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Little Rock Hosp Inc				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 636 Bellsworth			
3. NAME OF DECEASED (Type or print) First Middle Last Walter Williams				4. DATE OF DEATH Month Day Year Dec 11 1959					
5. SEX Male		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 5,27,1896			
9. AGE (last birthday) 63		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OILER			10b. KIND OF BUSINESS OR INDUSTRY MO. PAC. R-ROAD			11. BIRTHPLACE (City and state or country) CALIFORNIA			
12. CITIZEN OF WHAT COUNTRY U. S. A.			13a. FATHER'S NAME SAMUEL WILLIAMS		13b. MOTHER'S MAIDEN NAME ELIZABETH CLIFF		14. NAME OF HUSBAND OR WIFE Aida		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WARI			16. SOCIAL SECURITY NO. 709,10,8957		17. INFORMANT AIDA WILLIAMS			Address 636 BELLSWORTH DR	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Constrictive Pericarditis Conditions of any which give rise to above cause (a), affecting the underlying cause (b) Pyelonephritis DUE TO (b) 11/15/59 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic Carcinoma of Liver							INTERVAL BETWEEN ONSET AND DEATH several weeks several months		
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.)				
20c. TIME OF INJURY Hour a.m. p.m.			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 COUNTY STATE		
21. I attended the deceased from Dec 10, 1959 10:00 am to Dec 11, 1959 and last saw him alive on Dec 10, 1959 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Benjamin N. Luchs, Jr. D.O.				22b. ADDRESS 1755 So Grand				22c. DATE SIGNED 12 Dec 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE DEC. 14 1959		23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK			23d. LOCATION (City, town, or county) (State) ST. LOUIS CO, MO		
24. FUNERAL DIRECTOR Kutis Funeral Home, St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. DEC 14 1959		26. REGISTRAR'S SIGNATURE Neal Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eleana Province

Licensed Embalmer No. 3403

P. O. Address 7906 J

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.