

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004237

FILED VS FEB 10 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 1116** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b 5da.	c. CITY OR TOWN St Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6207 Berthold Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EDA LOUISE WILLIAMS			4. DATE OF DEATH Month Day Year January 27, 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 21, 1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min. 5 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping Department		10b. KIND OF BUSINESS OR INDUSTRY Emp. of Deaconess Hosp.	11. BIRTHPLACE (City and state or country) Troy MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Herman H. Twellman		13b. MOTHER'S MAIDEN NAME Caroline Nau		14. NAME OF HUSBAND OR WIFE Essel Williams	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 487-36-7078	17. INFORMANT Ralph A. Williams Address 9700 Perch Dri St Louis 36 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinoma toix		2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma R Breast	8 yrs
	DUE TO (c) 163x	

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. 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 COUNTY STATE
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21. I attended the deceased from **1950** to **1/27/60** and last saw her alive on **1/27/60**
Death occurred at **4:50 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Deaconess J. M. D.</i>	22b. ADDRESS 3915 Watson Rd	22c. DATE SIGNED 1/29/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 30, 1960	23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	23d. LOCATION (City, town, or county) (State) Wright City MO.
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24. FUNERAL DIRECTOR D. W. Mc Coy	ADDRESS Troy MO.	25. DATE RECD. BY LOCAL REG. FEB 1 1960	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1918 FEB 19

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 D. W. McCoy
Licensed Embalmer No. 358A

P. O. Address Jay M

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.