URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-017950

FILED VS APR 29 1960

Registration District No. 3/7 Primary Registration District No. 500 Registrar's No. 1134 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Koch, Missouri

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 2-4 days | c. CITY OR TOWN St. Louis | Inside Limits Yes ✓ No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hospital | Inside Limits Yes ✓ No | d. STREET ADDRESS (If outside, give location) Stag Hotel (9th + Market) | Reside on Farm Yes No ✓

3. NAME OF DECEASED (Type or print) First LeRoy Middle Last Williams

4. DATE OF DEATH Month april Day 4 Year 1960

5. SEX M | 6. COLOR OR RACE White | 7. Married ✓ Never Married Widowed Divorced | 8. DATE OF BIRTH 5-1-90 | 9. AGE (last birthday) 69 | 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) Moulding cast iron & steel | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (City and state or country) Alabama | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Tom Williams | 13b. MOTHER'S MAIDEN NAME Julia Buchanan | 14. NAME OF HUSBAND OR WIFE Marie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 489-22-0113 | 17. INFORMANT Robert Koch Hospital Record, Address Koch, Mo.

MEDICAL CERTIFICATION

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) Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Nephritis

DUE TO (c) 492X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Silicosis and Pulmonary Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO | 20a. ACCIDENT SUICIDE HOMICIDE | 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 NOT WHILE AT WORK | 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 8-7-59, to 4-5-60 and last saw her him alive on 4-5-60

Death occurred at 8:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Axel R. Gronau (Degree or title) M.D. | 22b. ADDRESS Robert Koch Hospital, Koch, Mo. | 22c. DATE SIGNED 4-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/5/60 | 23c. NAME OF CEMETERY OR CREMATORY St Matthews Cemetery | 23d. LOCATION (City, town, or county) St Louis County Mo. (State)

24. FUNERAL DIRECTOR Moydell Funeral Home | ADDRESS 1926 Allen | 25. DATE RECD. BY LOCAL REG. 4-5-60 | 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Myrtle Funeral Home
George J Soroda Sr

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.