

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021889

FILED VS. MAY 3 1 1960

317

Primary Registration District No. 590

Registrar's No. 1461

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kinloch, Missouri		c. CITY OR TOWN Kinloch, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5818 Jefferson Avenue		d. STREET ADDRESS (If outside, give location) 5818 Jefferson Avenue	
3. NAME OF DECEASED (Type or print) First Otto Middle Hart Last Williams		4. DATE OF DEATH Month April Day 30 Year 1960	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Layer		9b. KIND OF BUSINESS OR INDUSTRY Self Employed	9c. BIRTHPLACE (City and state or country) Moiteau Co. Mo.
10a. FATHER'S NAME Thomas Benton Williams		10b. MOTHER'S MAIDEN NAME Dora Grayson	
11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. SOCIAL SECURITY NO. Mrs. Louella 5818 Jefferson Ave.	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown Natural Causes		14. NAME OF HUSBAND OR WIFE Louella Williams	
Conditions, if any, which gave rise to above cause (s), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		15. IF DECEASED WAS FEMALE was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		16. ADDRESS Mrs. Louella 5818 Jefferson Ave.	
17. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	18a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	18b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
19. TIME OF INJURY Hour 4:40 a.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 Berkeley, Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John B. Mumfley M.D.		22b. ADDRESS 801 So. Brentwood, Clayton	22c. DATE SIGNED 5-16-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/5/60	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) Berkeley, Missouri
24. FUNERAL DIRECTOR E.P. Koonce ADDRESS 1221 North Grand Blvd.		25. DATE RECD. BY LOCAL REG. 5-1-60	26. REGISTRAR'S SIGNATURE John B. Mumfley 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 Mahmud Blush

Licensed Embalmer No. 3962

P. O. Address 1221 N. Green

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.