

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025106

FILED VS. JUL 15 1960

318

1003

6863

STATE FILE NUMBER

DEED

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 6863

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 <u>St. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4447 Kennerly</u>

3. NAME OF DECEASED (Type or print) <u>Thelma Williams</u>	First <u>Thelma</u>	Middle	Last <u>Williams</u>	4. DATE OF DEATH Month <u>7</u> Day <u>5</u> Year <u>60</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-27-1911</u>	9. AGE (last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>8</u>	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elevator Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>1104 Washington</u>	11. BIRTHPLACE (City and state or country) <u>St. LOUIS, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mr. Chaney</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Campbell</u>	14. NAME OF HUSBAND OR WIFE <u>ACY WILLIAMS.</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-22-1957.</u>	17. INFORMANT <u>Mr. ACY WILLIAMS</u>	Address <u>4447 KENNERLY Av.</u>
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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) <u>Acute Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>	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.)
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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 6-20-60 to 7-5-60 and last saw her/him alive on 7-5-60
Death occurred at 11:00 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert L. Whittier, Jr. M.D.</u>	(Degree or title)	22b. ADDRESS <u>2601 N. Whittier</u>	22c. DATE SIGNED <u>7-6-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-11-1960</u>	23c. NAME OF CEMETERY OR CREMATORIAL <u>National Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>
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24. FUNERAL DIRECTOR <u>Morea Adams</u>	ADDRESS <u>3849 Windsor</u>	25. DATE RECD. BY LOCAL REG. <u>JUL 8 1960</u>	26. REGISTRAR'S SIGNATURE <u>Keal Smith M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Del

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.