

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028939

FILED VS AUG 4 1960

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7064** STATE FILE NUMBER **60-028939**

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		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2019a Cole Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Ruby Middle Williams Last Williams			4. DATE OF DEATH Month 7 Day 12 Year 60							
5. SEX Female	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 10-14-1911	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fish-cleaner			10b. KIND OF BUSINESS OR INDUSTRY Meletic Fisheries		11. BIRTHPLACE (City and state or country) Acme, Miss.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME George Johns			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Simuel 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. 493-20-6135	17. INFORMANT Address Simuel Williams 2019a Cole Street						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic intra cranial hemorrhage DUE TO (b) Cardiac Arrest DUE TO (c) 900.0-21 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH			
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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Slipped on his feet and fell down stairs at home						
20c. TIME OF INJURY Hour ? s.m. ? p.m. ? Month, Day, Year 6 14 60	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.) at home	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Mo	STATE Mo
21. I attended the deceased from 1:45 P.M. to 1:45 P.M. and last saw her/him alive on 7/14/60 . Death occurred at 1:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Paul Johnson Deputy Coroner				22b. ADDRESS 1300 Clark			22c. DATE SIGNED 7/14/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 7-18-60	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo.					
24. FUNERAL DIRECTOR ADDRESS Dement & Son 2629-31 Cole Street			25. DATE RECD. BY LOCAL REG. JUL 14 1960		26. REGISTRAR'S SIGNATURE Keal 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 W. Jay

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.