RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED NOV 9 1960

3097 -60-040517
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3097

1. PLACE OF DEATH
a. COUNTY St. Louis County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION enroute to County Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis County
c. CITY OR TOWN Overland
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 3008 Pasteur (If outside, give location)
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Glenn Middle Edwin Last Williams
4. DATE OF DEATH Month Oct Day 24 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 12-24-12
9. AGE (last birthday) 47
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) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Can Company
11. BIRTHPLACE (City and state or country) Golden Eagle, Ill.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Urbie E. Williams
13b. MOTHER'S MAIDEN NAME Gertrude Robdins
14. NAME OF HUSBAND OR WIFE Dorothy 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. 498-03-2933
17. INFORMANT Urbie E. Williams Address Golden Eagle, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Crushing injury of thorax
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ 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.) Struck by car while walking south on Woodson Road.
20c. TIME OF INJURY Hour 6:48 a.m. ~~p.m.~~ Month, Day, Year 10/24/60
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.) public road
20f. CITY, TOWN, OR LOCATION Overland COUNTY St. Louis STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond Harris (Degree or title) Coroner
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 11/5/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-24-60
23c. NAME OF CEMETERY OR CREMATORY Deerplain Cemetery
23d. LOCATION (City, town, or county) (State) Brussels, Ill.

24. FUNERAL DIRECTOR Albert H. Hoppe Inc. ADDRESS 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG. 10-25-60
26. REGISTRAR'S SIGNATURE John C. Murphy MD.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No. ___

working under my personal supervision.

Student _____ Signed Ettore R. Remel

Signature of Student Embalmer

Licensed Embalmer No. 428

P. O. Address St. Louis

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