

**RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-048271**

FILED VS JAN 5 1961

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3780

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Des Peres</b>		Length of stay in 1b <b>14 mos</b>		c. CITY OR TOWN <b>Bridgeton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ozark Nursing Home</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>11560 Mark Twain Drive</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Richard</b> Last <b>Williams, Jr</b>			4. DATE OF DEATH Month <b>December</b> Day <b>29</b> Year <b>1960</b>										
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept 10/83</b>		9. AGE (last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wholesale Paper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>			11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>			12. CITIZEN OF WHAT COUNTRY <b>USA</b>				
13a. FATHER'S NAME <b>John B. Williams</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Wallace</b>				14. NAME OF HUSBAND OR WIFE <b>Dorothy P. Williams</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>494-07-9872</b>			17. INFORMANT <b>Stephan G Williams 6018 Jefferson Ave</b> Address <i>Residence No</i>							
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) <b>Cerebrovascular Hemorrhage</b>										<b>24 hrs</b>			
DUE TO (b) <b>Arteriosclerosis</b>										<b>15 years</b>			
DUE TO (c) <b>Diabetes Mellitus</b>										<b>15 years</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Coronary Arteriosclerosis</b>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)									
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		
21. I attended the deceased from <b>Aug. 1957</b> to <b>Dec. 1960</b> and last saw him alive on <b>Dec. 29, 1960</b> Death occurred at <b>3:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Mcampa</i>				22b. ADDRESS <i>M.D. 114 E. Lockwood</i>				22c. DATE SIGNED <i>H. R. 19, Nov 29/60</i>					
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>12/30/60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>				23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>					
24. FUNERAL DIRECTOR <b>Mittelberg</b>			ADDRESS <b>Webster Groves, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>12-30-60</b>		26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>					

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signature Stanley H. Arifon

Licensed Embalmer No. 419

P. O. Address St. Louis

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