

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 715

1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY None							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 25 yrs		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 4150 St. Louis Ave			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4150 St. Louis Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Carolyn Middle C. Last WILLIAMS				4. DATE OF DEATH Month January Day 22, Year 1961							
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 11/1/11	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Nathez, Miss.		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME James McShane			13b. MOTHER'S MAIDEN NAME Mary Hoggett			14. NAME OF HUSBAND OR WIFE Samuel 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.		17. INFORMANT Address Samuel L. Williams, 4150 St. Louis						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of colon.								INTERVAL BETWEEN ONSET AND DEATH don't know			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____			DUE TO (c) _____ 153.8					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none						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					
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 6-13-60 to 1-22-61 and last saw her ^{her} _{time} alive on 1-20-61				Death occurred at 2 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Print or title) Walter H. Spoeneman M.D.				22b. ADDRESS 1515 St. Louis Avenue				22c. DATE SIGNED 1-24-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/26/61	23c. NAME OF CEMETERY OR CREMATORY National Cemetery			23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.					
24. FUNERAL DIRECTOR ADDRESS Cunningham & Moore, 2405 Marcus				25. DATE RECD. BY LOCAL REG. JAN 24 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.					

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus Ave.

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.