MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ED APR 7 1961

-- AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2954 STATE FILE NUMBER 61-011783

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #I
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St Louis
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1726 S 14th Street
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HENRY Middle Last WILLIAMS
4. DATE OF DEATH Month 3 Day 27 Year 61
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/1/03
9. AGE (last birthday) 58
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) Bartender
10b. KIND OF BUSINESS OR INDUSTRY Tavern
11. BIRTHPLACE (City and state or country) Gold Lake Miss
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Clara
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. —
17. INFORMANT Clara Williams Address 1726 S 14th Street

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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — yrs
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Epistaxis
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 3/24/61, to 3/27/61 and last saw her/him alive on 3/27/61
Death occurred at 12:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE W. Yates Trotter Jr. M.D. (Degree or title)
22b. ADDRESS 1515 LAFAYETTE AVE.
22c. DATE SIGNED 3/27/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/29/61
23c. NAME OF CEMETERY OR CREMATORY St Matthews Cemetery
23d. LOCATION (City, town, or county) (State) St Louis Missouri
24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen
25. DATE RECD. BY LOCAL REG. MAR 29 1961
26. REGISTRAR'S SIGNATURE Hoard Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

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 by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Hadley F. Fuller Jr

Licensed Embalmer No. 4950

P. O. Address St Louis

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.