

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318 Primary Registration District No. 1003 Registrar's No. 3929 61-015257 STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3929 61-015257 STATE FILE NUMBER

FILED MAY 1 1961

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Altenheim** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **5408 South Broadway** Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Alice Williams**

4. DATE OF DEATH Month Day Year **4 22 61**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **8/28/1867** 9. AGE (last birthday) **93**

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) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Unk** 13b. MOTHER'S MAIDEN NAME **Unk** 14. NAME OF HUSBAND OR WIFE **Unk**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT **St. Louis Altenheim** Address **5408 S. Broadway**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary thrombosis** INTERVAL BETWEEN ONSET AND DEATH **3 days**
DUE TO (b) **arterio sclerotic heart disease** **3 yrs**
DUE TO (c) **arterio sclerotic and senility** **420.0F**

CONDITIONS, if any, which gave rise to above cause (a), starting the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fractured right hip 12/3/60

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.) **Fell at St. Louis Altenheim**

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year **12-3-1960**

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.) **15 St. Louis Altenheim** 20f. CITY, TOWN, OR LOCATION **St. Louis** COUNTY **Mo** STATE **Mo**

21. I attended the deceased from **May 2 1940** to **April 22 61** and last saw her alive on **April 21 1961**
Death occurred at **4/22/61 11:50 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **May Stubbloff MD** 22b. ADDRESS **512 DOVER PLACE** 22c. DATE SIGNED **4/24/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **4/26/61** 23c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetary** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR **Edward Fendler** ADDRESS **5611 South Grand Blvd.** 25. DATE RECD. BY LOCAL REG: **APR 25 1961** 26. REGISTRAR'S SIGNATURE **Lead Smith, M.D.**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 Leo J. Budd

Licensed Embalmer No. 3989

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.