ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019992
STATE FILE NUMBER

AMENDED

FILED JUN 6 1961

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1522

1. PLACE OF DEATH a. COUNTY Saint Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester — Length of stay in 1b MONS.	c. CITY OR TOWN Ferguson — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Home — Inside Limits Yes ☑ No ☐	d. STREET ADDRESS (If outside, give location) 229 Eddy — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)	First: George	Middle: A	Last: Williams	4. DATE OF DEATH Month Day Year: 5-27-61
5. SEX: Male	6. COLOR OR RACE: Negro	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 15 Feb 1892	9. AGE (last birthday): 68 — 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): Ret.	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (City and state or country): Clayton, Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13a. FATHER'S NAME: Gaint Williams	13b. MOTHER'S MAIDEN NAME: Unk.	14. NAME OF HUSBAND OR WIFE: Geritie Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT: Geritie Williams	Address: 229 Eddy, Ferguson, M	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Azotemia — INTERVAL BETWEEN ONSET AND DEATH: years ?

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

DUE TO (b) Hypertensive cardio vascular Disease

DUE TO (c)

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 ☐ None

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 Dec 1959 5-27-61 and last saw her/him alive on 5-22-61

Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Allen McNearney M.D.	22b. ADDRESS: 4308 Exeter	22c. DATE SIGNED: 5-31-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 6/1/61	23c. NAME OF CEMETERY OR CREMATORY: Washington Park Cem.
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo		
24. FUNERAL DIRECTOR ADDRESS: Boyd Bros. 5625 Carson Rd. Kinloch Mo.	25. DATE RECD. BY LOCAL REG.: 5-31-61	26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — 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 Henry C. Williams

Licensed Embalmer No. 4781

P. O. Address_____

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.