

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027505  
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6903

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb \_\_\_\_\_  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis  
c. CITY OR TOWN Kirkwood, Mo. Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1151 Mozart Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last OLIVER A. WILLIAMS  
4. DATE OF DEATH Month Day Year July 24, 1961

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 11/22/1905 9. AGE (last birthday) 55  
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) Machinist  
10b. KIND OF BUSINESS OR INDUSTRY Sunnen Products  
11. BIRTHPLACE (City and state or country) Clayton, Mo.  
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Cornelius Williams 13b. MOTHER'S MAIDEN NAME Mary Jennewine 14. NAME OF HUSBAND OR WIFE Grace Taylor Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
17. INFORMANT Address Grace Williams, 1151 Mozart, Kirkwood

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Massive Myocardial Infarct INTERVAL BETWEEN ONSET AND DEATH 5 Days  
DUE TO (b) Massive Posterior Coronary Thrombosis 5 Days  
C. Cardiac Decompensation 3 Days  
Conditions, if any, which gave rise to above cause (a), stating 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) 420.1  
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 2/28/46 to 7/24/61 and last saw him alive on 7/23/61  
Death occurred at 5:47 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 8005 Big Bend 19, Mo 22c. DATE SIGNED 7/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7/26/1961 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 23d. LOCATION (City, town, or county) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich, Webster Groves, Mo. 25. DATE RECD. BY LOCAL REG. JUL 25 1961 26. REGISTRAR'S SIGNATURE [Signature]

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

St. Louis  
 St. Louis  
 St. John's Hospital  
 No. 402-24-1008  
 Corneilus Williams  
 Mary J. Lawrence  
 Grace Taylor Williams  
 Machineist  
 U.S.A.  
 July 24, 1961

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 Leslie Welch  
 Licensed Embalmer No. 4395  
 P. O. Address Hopater Grove

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.