

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018687

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1135

FILED APR 16 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14002

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Clayton		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION DOA St. Louis County Hosp.		d. STREET ADDRESS (If outside give location) 1030a Eureka Pl.	
3. NAME OF DECEASED (Type or print) Willie Williams		4. DATE OF DEATH Month Apr. Day 1, Year 1963	
5. SEX Male	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 4-11-25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 37
11a. FATHER'S NAME Jesse Williams		13b. MOTHER'S MAIDEN NAME Unk.	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) Yes		17. INFORMANT Address Ella Ree Williams 1030a Eureka Pl.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head injury (skull fracture left fronto-parietal region)			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			910.3-6
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Struck on head by tree limb	
20c. TIME OF INJURY Hour 1:30 p.m. Month, Day, Year 4/1/63		20f. CITY, TOWN, OR LOCATION COUNTY STATE Florissant St. Louis Missouri	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) construction job	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at DOA at Hosp. 2:06 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Raymond H. Harts</i> Coroner		22b. ADDRESS Clayton, Missouri	
22c. DATE SIGNED 4/5/63		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.:	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS G. Wade Granberry 4202 Finney Ave.		25. DATE RECD. BY LOCAL REG. 4-3-63	
26. REGISTRAR'S SIGNATURE <i>John B. Murphy</i>			

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

Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney 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.