

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38728

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. 11454
Registered No. 11454
St. St. Louis Ward 1

2. FULL NAME

Katharine A. Williams
(a) Residence. No. 8116 Pruney Course St. St. Louis Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Robert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
48 9 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Aug. Platz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna M. Herbst

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Robert Williams
(Address) 8116 Pruney Course

15. FILED DEC 22 1921 Max B. Starneoff
19. 1921 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1921

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1921 to Dec 21 1921 that I last saw h. alive on Dec 20 1921, and that death occurred, on the date stated above, at 3:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
B.H.H.
97 (duration) about 6 hours
1012
CONTRIBUTORY (SECONDARY) Hypertension - Arteriosclerosis
Schweis (duration) Several yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED St. Louis

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Ernest J. Jones M. D.

ver. 21, 1921 (Address) Link Building
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Swiss Burial Park DATE OF BURIAL 1923 1921

20. UNDERTAKER Hoffmeister & Co ADDRESS 814 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

