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

Do not use this space.

6643

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1489

City St. Louis Mo. (No. 2945 - Lawton Blvd City Hosp. #2 St. ..... Ward)

2. FULL NAME Arthur Williams

(a) Residence, No. 2704 - Dayton St. 21 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3 - 3 - 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER

13. NAME Charles Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Molly Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) L. Perkins 2945 - Lawton Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Jeff Barrick DATE 2-12 1934

19. UNDERTAKER (ADDRESS) A. F. Walton 2707 Stoddard

20. FILED FEB 12 1934 J. F. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 3 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 1 - 17 - 1934 to 2 - 3 - 1934

I last saw him alive on 2 - 3 - 1934. Death is said to have occurred on the date stated above, at 5 AM P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1-17-34
131	
96	

Other contributory causes of importance: Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Rempel Hampton, M. D.

(Address) 2945 - Lawton Blvd.

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.