

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County

Registration District No. **791**

File No. **11416**

Township

Primary Registration District No. **1003**

Registered No. **3401**

City **St. Louis Mo.**

City **St. Louis Mo.** Ward **18**

2. FULL NAME

(a) Residence, No. **1218 - 3 - 39th St.** Ward **18**

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Caucasian	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Williams		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1885		
7. AGE	YEARS 49	MONTHS 1
	DAYS 28	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Laborer	
	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) W. Va.		
MOTHER	13. NAME John Williams	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.	
	15. MAIDEN NAME May Wash.	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.	
17. INFORMANT (ADDRESS) J. DeWesant 2945 - Lawton Blvd		
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cen. DATE April 5, 1934		
19. UNDERTAKER (ADDRESS) H. Green 2715 Franklin Ave		
20. FILED HR 10 1534 19 34 Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3 - 30 - 1934**

22. I HEREBY CERTIFY, That I attended deceased from **3 - 24 - 1934**, to **3 - 30 - 1934**, I last saw him alive on **3 - 30 - 1934**. Death is said to have occurred on the date stated above, at **9:15 p.m.**

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset **131**

Other contributory causes of importance:
Chronic Nephritis **93E**

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 **Chronic Myocarditis**
(Signed) **H. Green** 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.

2237
2
2
2

