

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

Do not use this space.

8449
31151

SEP 13 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **2117A Pine**)

File No.....
Registered No.....
St. Ward)

2. FULL NAME

Desmores Williams
(a) Residence, No. **2117A Pine** St., **21** Ward.

(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 **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April - 2 - 1852**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Nil**
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) **Tennessee**

FATHER 13. NAME **Wallace Henderson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

MOTHER 15. MAIDEN NAME **Mary Henderson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT (ADDRESS) **Cora Cannon**

18. BURIAL, CREMATION, OR REMOVAL PLACE **WASHINGTON A. CEM** DATE **8/18, 1934**

19. UNDERTAKER (ADDRESS) **A. RUSSELL UND. CO.**

20. FILED **AUG 16 1934** **J. H. Budeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 15, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **July 31, 1934** to **Aug 15, 1934**
Last saw him alive on **Aug 14, 1934**. Death is said

to have occurred on the date stated above, at **2 P.** m.
The principal cause of death and related causes of importance were as follows:

**Hemiplegia (right)
Cerebral hemorrhage**

Date of onset **Aug 13, 1934**

Other contributory causes of importance:
Chronic Myocarditis **10 yrs**

Name of operation **none** Date of
What test confirmed diagnosis? **clinical** 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? **no**
If so, specify

(Signed) **Joseph Magidson**, M. D.
(Address) **520 W. 12th St.**

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.

20-29

