

JAN 24 1935

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

Do not use this space.

44631

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City **St. Louis Mo.** (No. **City Hospital 2**)

File No. **11759**  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. **1608 1/2 Glasgow**, **20** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred **64** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 15<sup>th</sup> 1858**

7. AGE YEARS **76** MONTHS **6** DAYS **24** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

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) **La.**

13. NAME **Leri Williams**

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

15. MAIDEN NAME **Mary Sumter**

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

17. INFORMANT (ADDRESS) **July Redmond 2945 - Lawton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **Dec 14** 19**34**

19. UNDERTAKER (ADDRESS) **Theo. Perkins 3307 Lucas ave**

20. FILED **79** 19**34** **J. F. Bredeck** Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 9** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **12-7** 19**34**, to **12-9** 19**34**

I last saw him alive on **12-9** 19**34**. Death is said to have occurred on the date stated above, at **12:25** p.m.

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

**Chronic Nephritis** Date of onset **12-7-34**

**95 131**

Other contributory causes of importance:

**Hypertensive Heart Failure**

Name of operation \_\_\_\_\_ 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**34**

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) **Russell Smith** M. D.  
(Address) **2945 - Lawton Blvd**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

