JAN 14 1935

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

Do not use this space.

45181

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. 4137 San Francisco Ave. St. ..... Ward)

File No.....

Registered No. 12339

2. FULL NAME Raymond Dunn Williams

(a) Residence, No. 4137 San Francisco Ave. 10 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8th, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	8	20	

OCCUPATION

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

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

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) Illinois

FATHER

13. NAME Isaac Williams

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

MOTHER

15. MAIDEN NAME Emma Lindsay

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

17. INFORMANT Charlotte Williams
(ADDRESS) 4137 San Francisco Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram Cem. DATE Dec. 31st, 1934

19. UNDERTAKER Friehmann Funeral
(ADDRESS) 1905 Union Blvd.

20. FILED DEC 29 1934 Jos. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16th, 1933, to Dec 28th, 1934

I last saw him alive on Dec 27, 1934. Death is said to have occurred on the date stated above, at 3:15 P.M.

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

	Date of onset
Carcinoma L. Throat	Apr. 1933
HBC	

Other contributory causes of importance: No

Name of operation Exploratory Date of 7/13/33

What test confirmed diagnosis? X 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) Thomas B. Paxton, M. D.

(Address) 2243 N. Grand

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.

[illegible] 3. [illegible]
10-12
Kundeau (703)