

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.

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

Do not use this space.

3 1936

39890

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.....

Township  
City **St. Louis, Missouri**

Primary Registration District No. **1008**  
City Hospital No. **10983**

Registered No. **10983**  
St. .... Ward)

2. FULL NAME

**B. 9813** **Grace Williams**  
(a) Residence, No. **720 North 14th St., 25** 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 **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 16, 1878**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<b>67</b>		<b>10</b>	<b>15</b>	

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

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) **Missouri**

13. NAME **Lee Alberson**

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

15. MAIDEN NAME **Susie Darnin**

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

17. INFORMANT **Hosp. Info. M.H. Kent** (ADDRESS) **City Hospital No. 1**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter & Paul** DATE **11-4** 1936

19. UNDERTAKER **Louis Albers** (ADDRESS) **4452 Washington Blvd**

20. FILED **NOV 3 1936** **J. F. Bledick** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/31/36** 19

22. **9/30/36** I HEREBY CERTIFY That I attended deceased from **10/31/36** 19

I last saw h. **her** alive on **10/31/36** 19. Death is said to have occurred on the date stated above, at **3.00A.**

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

**Parasitosis of Intestine**  
**relates to work**

Name of operation **Burial** Date of **11-4-36**  
What test confirmed diagnosis? **biopsy** Was there an autopsy? **Yes**

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 or deceased?  
If so, specify.....

(Signed) **J. F. Bledick** M. D.  
(Address) **City Hospital No. 1**

A f f i d a v i t

State of Missouri )  
                          ) SS.  
City of St. Louis )

I, Frank Williams, of the City of Saint Louis, Missouri, of lawful age, being duly sworn upon oath, state that the age of my wife, Grace Williams, deceased, who died on October 31st, 1936, at City Hospital #1, in Saint Louis, Missouri, is incorrect for the reason that the Hospital records indicate that her age is 67 at the time of her death, whereas the age should read 57. This is also true of the death certificate, which shows the age as 67, whereas the same should read 57.

I do not know the exact place of birth of my wife, but have lived with her for over twenty years and during all these years I have known her age, and that the age given in the Hospital report is apparently a typographical error.

I make this affidavit for the purpose of having the City Hospital of the City of Saint Louis, and the Bureau of Vital Statistics of the State of Missouri correct their records to show the age of my wife, at the time of her death, to read 57 instead of 67.

Frank Williams

Subscribed and sworn to before me this 2nd day of November, 1936.

My commission expires

2/8/1937

Robert Freeman

Notary Public.