

NOTE: 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.

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City Saint Louis

(No. City Hospital No. 2,

791
1003

File No.....

17970

Registered No.....

4516

St.....

Ward.....

2. FULL NAME Ethel M Macklin Williams

(a) Residence, No. 206a South 23rd Street, 22 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 15 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 14, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 4 15

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) Saint Louis (STATE OR COUNTRY) Missouri

13. NAME John Macklin

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Thelma Williams

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

17. INFORMANT Thelma Williams (ADDRESS) 206 South 23rd Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pl 5-3-1937

19. UNDERTAKER Charles Sales (ADDRESS) 1107 Finney Avenue

20. FILED MAY 3 - 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH
No physician in attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Second degree burns, suffered when she knocked over a bucket of boiling water, scalding herself, about 2:00 P.M., April 24th, 1937 at her home 206a So. 23rd St.

Other contributory causes of importance:

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? Accident Date of injury 4/24/37

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury See above.

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Joseph M. Zuercher, M.D.

(Address) 3300 Clark Avenue

Joseph M. Zuercher

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1811

