OCT 4 1937

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

32824
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8878
(c) City St. Louis (d) Street No. 2601 N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Will Williams
(a) Residence, No. 2206a Franklin St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	C	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	78	3	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
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) Mississippi

FATHER
13. NAME Tom Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia ?

MOTHER
15. MAIDEN NAME Martha ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina ?

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
PLACE Father Dicksons DATE Sept. ~~25~~ 25, 1937

19. FUNERAL DIRECTOR (ADDRESS) E. L. Garner 2829 Washington Ave.

20. FILED SEP 23 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1937, to Sept. 21, 1937
I last saw him alive on Sept. 21, 1937. Death is said to have occurred on the date stated above, at 1:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	9/4/37

Other contributory causes of importance:

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....
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) A. L. Lewis, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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.

22666

STATEMENT BY LICENSED EMBALMER

I, Olney Andrews, Licensed Embalmer No. 3974

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Olney Andrews

L. E. St. Louis, Missouri

No. 3974 or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Olney Andrews

Licensed Embalmer No. 3974

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)