

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

35838

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City ST. LOUIS (d) Street No. JEXYISH HOSPITAL St. Webster Groves Mo.
(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 yrs. mos. 16 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ROBERT THOMPSON WILLIAMS
(a) Residence, No. 121 MASON AVE St. Webster Groves Mo.
(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 MALE 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 JULIE ALDRIGH WILLIAMS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 24-1876

7. AGE YEARS 60 MONTHS 9 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INSURANCE
9. Industry or business in which work was done, as saw mill, bank, etc. AETNA Co
10. Date deceased last worked at this occupation (month and year) 1-1-37 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEBSTER GROVES MISSOURI

FATHER 13. NAME MCPHERSON B. WILLIAMS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SAWANNAH GEORGIA

MOTHER 15. MAIDEN NAME CATHARINE THOMPSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MISSOURI

17. INFORMANT (ADDRESS) Julia W Williams 121 MASON AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Oct 9 1937

19. FUNERAL DIRECTOR (ADDRESS) Parker and Co Webster Groves Mo

20. FILED OCT 9 1937 J. Brebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1937

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Oct, 1937

I last saw him alive on Oct 7 1937. Death is said to have occurred on the date stated above, at 9:30 m.

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

Surgical shock from gastro-enterostomy
117a
Other contributory causes of importance Bleeding ulcer for several years

Name of operation gastro-enterostomy Date of 10-6-37

What test confirmed diagnosis? 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 of deceased?

If so, specify (Signed) W Alexander Smith, M. D. (Address) Webster Groves

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.

630-1-29-1

STATEMENT BY LICENSED EMBALMER

I, W. C. Aldrich....., Licensed Embalmer No. 1332

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

L. E.:

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

working under my personal supervision.

Signed W. C. Aldrich

Licensed Embalmer No. 1332

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