

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

161
Do not use this space.

CERTIFICATE OF DEATH

1. PLACE OF DEATH **Homer G Phillips Hospital** 791 / 1003

(a) County Registration District No.

(b) Township Primary Registration District No. Registered No. **17**

(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 **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Harriet Williams 4.52**

(a) Residence, No. **2822 Thomas** St. **21** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1872				
7. AGE	YEARS 65	MONTHS 10	DAYS 27	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
	13. NAME Mameus Simms			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi			
	15. MAIDEN NAME Harriet Simms			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee				
17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier				
18. BURIAL, CREMATION, OR REMOVAL PLACE Wash Park DATE Jan 2 1938				
19. FUNERAL DIRECTOR Wright Funeral Home (ADDRESS) 3100 Easton ave.				
20. FILED JAN 1 1938 J. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 26** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 25** 19**37**, to **Dec. 26** 19**37**

I last saw h. **er** alive on **Dec. 26** 19**37** Death is said to have occurred on the date stated above, at **9:05p** m.

The principal cause of death and related causes of importance were as follows:
Chronic nephritis with uremia Date of onset **12/25/37**

Other contributory causes of importance:
Diabetic gangrene - left foot

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) **M. Staller** M. D.
(Address) **2601 N Whittier**

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.

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STATEMENT BY LICENSED EMBALMER

I, Chas. Gairnes, Licensed Embalmer No. 2349

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 Chas. Gairnes

Licensed Embalmer No. 2349

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.)