

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

555
Do not use this space.

1. PLACE OF DEATH **1912** **1908** **G Phillips Hospital** **791** **1008**

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No..... Registered No. **411**

(c) City **St. Louis** (d) Street No. **2601** **N Whittier** St.

(e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Thel Williams** **452**

(a) Residence, No. **3417 Franklin** St. **21** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 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) **July 8, 1895**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	42	5	29	

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Illinois** (STATE OR COUNTRY) **1**

FATHER 13. NAME **Isaac Williams** **1**

14. BIRTHPLACE (CITY OR TOWN) **Tennessee** (STATE OR COUNTRY) **9**

MOTHER 15. MAIDEN NAME **Dean ?**

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

17. INFORMANT **Evelyn Hilliard** (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington** DATE **1-13** 19**38**

19. FUNERAL DIRECTOR (ADDRESS) **2601 N Whittier**

20. FILED **JAN 12 1938** **Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 7** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 14** 19**37** to **Jan. 7** 19**38**

I last saw him alive on **Jan. 7** 19**38**. Death is said to have occurred on the date stated above, at **11:15 p.m.**

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

Ruptured Gastric Ulcer with repair Date of onset **12/14/37**

117a

Other contributory causes of importance: **Pyonephrosis, non-calculous Uremia**

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

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.

STATEMENT BY LICENSED EMBALMER

I, W. F. Richards

Licensed Embalmer No. 2920

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. F. Richards

Licensed Embalmer No. 2920

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.)