

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.

B 11691
FEB 12 1938

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

952
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791
 (a) County Registration District No.
 (b) Township Primary Registration District No. **1003**
 (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 **15** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME **Delaney Williams** 452
 (a) Residence, No. **2206 Adams Street** St. **22**
 (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 **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) **Nov. 30, 1904**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 1 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
 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) (STATE OR COUNTRY) **Arkansas**

FATHER
 13. NAME **Frank Williams**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

MOTHER
 15. MAIDEN NAME **Ella Hamilton**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

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

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **St Louis H** DATE **1-21**, 19**38**

19. FUNERAL DIRECTOR **W. Richter**
 (ADDRESS) **3500 Butler St**
J. P. Dick
 Local Registrar.

20. FILED **JAN 24 1938**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 13**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 1**, 19**38**, to **Jan. 13**, 19**38**
 I last saw him alive on **Jan. 13**, 19**38** Death is said to have occurred on the date stated above, at **5:30 p. m.**
 The principal cause of death and related causes of importance were as follows:
Thrombophlebitis with gangrene of right leg (blood culture - no growth)
 Date of onset **1/1/38**
100a

Other contributory causes of importance:
Acute nephritis, cause unknown
Hypertension

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**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)