

DEC'D MAY 10 1938

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

13078
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, mo** (d) Street No. **BARNES** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3682**

2. PRINT FULL NAME **Oliver Allison Williams** **M. S. 2.**
(a) Residence, No. **445 No. 24th St.** St. **N.R.** **East St. Louis, Ill.**
(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 **Alice M. Williams**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 11/1887.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 9 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Machinist**
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) **Dec. 1938.** 11. Total time (years) spent in this occupation **33 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dickson Tenn.**

FATHER 13. NAME **James B. Williams**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unk. Unk.**

MOTHER 15. MAIDEN NAME **Sarah Leppley**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unk. Penn.**

17. INFORMANT **Alice M. Williams**
(ADDRESS) **445 No. 24th Street East St. Louis, Ill.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **ST. PETER & PAUL** DATE **4-22-38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Albert H. Hoppe, Inc. 429 N. Euclid Ave.**

20. FILED **APR 20 1938** **J. D. Brudeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/19/38** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **4-11-1938** to **4-19-1938**
I last saw him alive on **4-19-1938** Death is said to have occurred on the date stated above, at **7:27 p.m.**
The principal cause of death and related causes of importance were as follows:

Uremia
Hypertension
Chronic vascular renal disease
Date of onset **1936**

Other contributory causes of importance:

Name of operation Date of
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.

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify
(Signed) **Ray D. Williams**, M. D.
(Address) **BARNES HO...**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. B. Sullivan

Licensed Embalmer No.....

1122

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.