REC'D MAY 6 1938

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

Do not use this space. 15801

1. PLACE OF DEATH
(a) County Saint Louis — Registration District No. 784
(b) Township — Primary Registration District No. ~~200~~ 10 — Registered No. 682
(c) City Clayton — (d) Street No. ~~Maryland Heights~~ Co Hosp. 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 Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isaac Williams 452.
(a) Residence, No. Maryland Heights St.
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR ~~WIFE OF~~): Elizabeth Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 6, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	0	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Unknown
11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Charles Co. Missouri

FATHER
13. NAME: Henry Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Unavailable

MOTHER
15. MAIDEN NAME: Sarah Vaughn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Virginia

17. INFORMANT: Elizabeth Williams
(ADDRESS) Maryland Heights, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Music, Missouri DATE April 16, 1938

19. FUNERAL DIRECTOR: Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED 4-15, 1938 T R Meyer MD Dep 21 B.C. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/26/38, 19..., to April 12, 1938
I last saw him alive on April, 19..38 Death is said to have occurred on the date stated above, at 4:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1937

Other contributory causes of importance: 46

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.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L. R. Thomson, M. D.
(Address) Saint Louis County Hospital 707

(Licensed Embalmer's Statement on Reverse Side)

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, James A. Johnson, Licensed Embalmer No. 3522

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

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