

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

30540
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township St. Louis
(c) City
(d) Street No. 4021 Nebraska
(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.

2. PRINT FULL NAME: Bruce H. Williams

(a) Residence, No. 4021 Nebraska St. 15
(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 Elsie Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 7 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. District man
9. Industry or business in which work was done, as saw mill, bank, etc. Star-Times
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 John L. Williams

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

MOTHER 15. MAIDEN NAME Margaret Hubbard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Elsie Williams
4021 Nebraska

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept 10 38

19. FUNERAL DIRECTOR (ADDRESS) Schumacher Und Co.
3013 Meramec

20. FILED SEP - 9 1938 J. F. Budek
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 10:15 AM

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

Coronary thrombosis - Ch. Myocarditis following being struck and knocked to the ground by an auto, which slipped from a yard while he was repairing a tire, in front

Other contributory causes of importance: 9703 no 135 St. Sept. 7, 1938
about 1:30 pm

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. yes Date of injury 9/7 1938

Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury See above
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 4
If so, specify.....

(Signed) Alfred J. Perry M. D.
(Address) Secretary Coroner

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, George DeLavelle, Licensed Embalmer No. 2906-118

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

..... L. E.

No. or by
working under my personal supervision.

Registered Apprentice No.

Signed

George DeLavelle

Licensed Embalmer No. 2906-118

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.)