

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

36821
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township St. Ann Primary Registration District No. 200 Registered No. 1784
 (c) City Overland (d) Street No. _____
 (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 Bertrude Valera Williams
 (a) Residence, No. 9516 - Midland St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Urbie E. Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 - 1895
 7. AGE YEARS 43 MONTHS 0 DAYS 13 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Waitress
 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) 10/29/38 11. Total time (years) spent in this occupation 14 yrs.
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun, Ill.
 FATHER 13. NAME George Robbins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun, Ill.
 MOTHER 15. MAIDEN NAME Rosie McCoy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun, Ill.
 17. INFORMANT (ADDRESS) Rosie McCoy
Calhoun, Ill.
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Helianon DATE 11-1-1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Woodson
504 - Woodson Rd - Overland, Mo.
 20. FILED NOV 1 - 1938 G. K. Meyer MD Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 23, 1935, to Oct. 29, 1938
 I last saw her alive on Oct. 28, 1938. Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy - (Cerebral Hemorrhage) Date of onset 10/29/38
of 2 1/2
 Other contributory causes of importance:
Hypertension (High blood pressure) 4 yrs.
From history
 Name of operation no Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Roy A. Walther, M. D.
 (Address) 2438 Woodson Rd
Overland, Mo.

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 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 Oscar J. Mueller

Licensed Embalmer No. 3089

P. O. Address Overland Mo

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.