

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37201  
Do not use this space.

1. PLACE OF DEATH

(a) County..... 3 Registration District No.....  
 (b) Township..... 1 Primary Registration District No.....  
 (c) City..... St. Louis (d) Street No..... Registered No. 9528  
 (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.

2. PRINT FULL NAME

Jesse D. Williams  
 (a) Residence, No. 2810 Arlington Ave. St. 6  
 (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 Emma Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7th, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 47 7 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman  
 9. Industry or business in which work was done, as saw mill, bank, etc. Cotton Belt Bldg.  
 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) Missouri

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Emma Williams 2810 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL Lakewood Park Cem. DATE Nov. 3rd, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Breckman Daniel 1905 Union Blvd.

20. FILED 19 J. H. Bredeck Local Registrar.

NO MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31st, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:  
 Bullet wound of brain and skull set in motion in elevator of Cotton Belt Bldg. about 11:20 P.M. Oct. 31-1938 after deceased had shot Charles Macalick on the 11th

Other contributory causes of importance:  
 Floor of the same Bldg.  
 Suicide

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Suicide Date of injury 10/31/1938  
 Where did injury occur? St. Louis, Mo.  
 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)..... M. D.  
 (Address).....

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.

NOV 2 1938

**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

*R. M. Safford*

Licensed Embalmer No.

*3373*

P. O. Address

*Stouck's*

**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.**