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.

DEC 12 1938

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

791

37568
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1008

(b) Township ..... Primary Registration District No. ..... Registered No. 9895

(c) City St. Louis (d) Street No. Homer Phillips Hospital 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 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

21 59

2. PRINT FULL NAME Annie Williams

(a) Residence, No. 3107 LaSalle Street St. 18
(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: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 3, 1873

7. AGE: Years 65 | Months 2 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife

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): Unavailable

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Meridian Mississippi

FATHER

13. NAME: Thomas Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable " " " 9

MOTHER

15. MAIDEN NAME: Eliza---?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable " " " 9

17. INFORMANT: Rosetta Gordon
(ADDRESS) 4334a Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Nov. 19, 1938

19. FUNERAL DIRECTOR (NAME): Chas. J. Gates
(ADDRESS) 4107 Finney Ave.

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

NOV 16 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1938, to Nov. 14, 1938

I last saw her alive on Nov. 14, 1938. Death is said to have occurred on the date stated above, at 2:55a m.

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

Carcinoma of pancreas — Date of onset 11/3/38

Other contributory causes of importance:
Chronic nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

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? .....
If so, specify .....

(Signed) N. J. Lyman, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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, James A. Johnson, or by

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

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

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