

REC'D JAN 11 1939

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

791

1008

41391

Do not use this space.

11083

1. PLACE OF DEATH

- (a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1008
 (c) City St. Louis, (d) Street No. St. Mary's Infirmary 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- 459 Murtie Williams,
 (a) Residence, No. 1537 Bond Ave, St. NR E. St. Louis, Ill.
 (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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Felix Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 20, 1906</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>11</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 1, 38</u>	11. Total time (years) spent in this occupation <u>13 1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stedirs, Miss.</u>		
FATHER	13. NAME <u>Robert Frazier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Miss.</u>	
MOTHER	15. MAIDEN NAME <u>Hattie Bateman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stedirs Miss.</u>	
17. INFORMANT (ADDRESS) <u>X. F. Williams 1537 Bond Ave., E. St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>E. St. Louis, Ill.</u> DATE <u>Dec. 26, 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Wm. J. D. ... 117 1/2 ...</u>		
20. FILED <u>DEC 26 1938</u> <u>J. D. ...</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-9, 1938 to 12-25, 1938
 I last saw h.e. alive on 12-25, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Gasping Hemorrhage 12/19/38
Gasping Ulcer UNK.

Other contributory causes of importance: UNK.

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?.....
 If so, specify Heartaches (Signed) H. H. ... M. D.
 (Address) 1341 B 1995th, E. St. Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, C. J. Nash, Licensed Embalmer No. 2432

hereby certify that the body recorded on the reverse side of this certificate was embalmed by not me Before Remo

Wing Her. L. E. No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 3224

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.)