16 1938 REC'D JAN 6 1939

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

44420
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis 1 Registration District No. 784
(b) Township ~~Bonhomme~~ 1 Primary Registration District No. 101 Registered No. 2053
(c) City ~~Kirkwood~~ Clayton (d) Street No. St Louis Co. 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 yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 492 Glennen Williams
(a) Residence, No. Shelby + ~~Allosobrook~~ Also Brook
(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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): INFANT
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 8 - 38
7. AGE: YEARS | MONTHS: 3 | DAYS: 7 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Nil
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): So Kirkwood Mo.

FATHER
13. NAME: Wm Smallwood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kirkwood Mo

MOTHER
15. MAIDEN NAME: Helen Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): E St Louis Ill.

17. INFORMANT (ADDRESS): Hellen Williams So Kirkwood, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Father Dickson DATE 12-17 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Slaten + Koen Kirkwood Mo
20. FILED DEC 16 1938 D. R. Meyer M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 15, 1938, 19

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 8AM m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Accidental burns of L. leg and face. | 12/15/38 |

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accidnet Date of injury 12/15/38 19.....
Where did injury occur? Kirkwood, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Near fire in stove
Nature of injury First degree burns
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O. Carroll, M. D.
(Address) Coroner of St. Louis County, Mo.

Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**