

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 791
 CERTIFICATE OF DEATH 1003
556
Do not use this space.

556

1. PLACE OF DEATH

- (a) County..... 2 Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City..... St. Louis, Mo. (d) Street No. 4239 E. Page Ave 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 Mary Williamson

- (a) Residence, No. 4239 E. Page Ave St. 11 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16. 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 2 28

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. Housekeeper
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)Jim Brown

13. NAME

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)17. INFORMANT Ardelia Bordes (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan. 18th 39

A. L. Beal Und. Co.

19. FUNERAL DIRECTOR (NAME) 2726 Lucas Ave (ADDRESS)20. FILED J. P. Brudick Local Registrar

JAN 18 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/14 1939

22. I HEREBY CERTIFY, that Jan attended deceased from Jan 14, 1939
 I last saw her alive on Jan 13, 1939 Death is said to have occurred on the date stated above, at 11 m.
 The principal cause of death and related causes of importance were as follows:

Birth insufficiency Date of onset Jan 31

Other contributory causes of importance

Name of operation None 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? Date of injury, 19Where 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) W. E. Borden M. D.(Address) 4222-A E. 1st

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

Signed

J. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Shortea

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.