

REC'D FEB 10 1939

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

741  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No..... 791  
 (b) Township..... Primary Registration District No..... 1003 Registered No..... 741  
 (c) City or ST. LOUIS, MO. (d) Street No. 4030 CLEVELAND AV. 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**

457 ROBERT, FRANKLIN WILLIAMS.  
 (a) Residence, No. 4030 CLEVELAND St. 17 (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 <b>MALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>MARRIED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED? HUSBAND OF (OR) WIFE OF <b>LILLIAN A. WILLIAMS</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>AUG 9, 1868</b>		
7. AGE	YEARS <b>70</b>	MONTHS <b>5</b>
	DAYS <b>14</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>RETIRED</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>PULLMAN CONDUCTOR</b>	
	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) <b>WISCONSIN</b>		
FATHER	13. NAME <b>W. M. WILLIAMS</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>NEW YORK</b>	
MOTHER	15. MAIDEN NAME <b>FEBA BROTT</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>NEW YORK</b>	
17. INFORMANT (ADDRESS) <b>LILLIAN A. WILLIAMS 4030 CLEVELAND AV.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>LAKE CHARLES</b> DATE <b>JAN 26 1939</b> CEM.		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>E. J. Schmur, 3125 Lafayette av.</b>		
20. FILED <b>JAN 24 1939</b> <b>J. B. Bredeck</b> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>JAN. 23 1939</b>	
22. I HEREBY CERTIFY, That I attended deceased from <b>Dec. 22, 1938 to Jan. 23, 1939</b>	
I last saw h. <b>im</b> alive on <b>Jan. 23, 1939</b> Death is said to have occurred on the date stated above, at <b>3:30 p. m.</b>	
The principal cause of death and related causes of importance were as follows: <b>Bronchiectasis (Non-tubercular)</b>	
	Date of onset <b>1935</b>
Other contributory causes of importance: <b>Chronic Nephritis</b>	
	Date of onset <b>1931</b>
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?..... 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? <input checked="" type="checkbox"/> If so, specify <b>A. W. Peters</b> , M. D. (Address) <b>4145a S. Grand Blvd.</b>	

(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.

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**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.....

*Jose B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette av*

**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.**