JAN 21 1939 REC'D FEB 7 1939

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

Do not use this space. 3770

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784

(b) Township ~~Clayton~~ — Primary Registration District No. 101 — Registered No. 122

(c) City or Township Richmond Heights — (d) Street No. ~~North & South Rd~~ St. Louis County Hospital (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 Walter A. Williams

(a) Residence, No. 1426 Devlin St. [ ] St. Louis, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche C. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	5	8	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Gas Station

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) St. Louis, Mo.

FATHER

13. NAME Richard Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER

15. MAIDEN NAME Elizabeth Gittens

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

17. INFORMANT Blanche C. Williams
(ADDRESS) 1426 Devlin

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Pauls Churchyard DATE Jan. 21, 1939

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster
(ADDRESS) 6633 Clayton Road

20. FILED Jan. 21, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1939

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 9:20 p.m.

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

	Date of onset
Automobile accident.	
Traumatism, while attempting to disengage the locked bumpers of two automobiles, which was struck by another oncoming automobile.	1/18/39
Other contributory causes of importance:	
Cpd. fracture with mangling of R. Arm, L. Arm, L. Leg; pelvis; rupture of bowel.	1/18/39

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? Accident Date of injury Jan 18 19 39

Where did injury occur? Richmond Heights, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public highway

Manner of injury auto collision

Nature of injury multiple fractures.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John O'Connell, M. D.

(Address) 10300 Lackland Rd.,
Coroner St. Louis County, Mo.

(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, or by Edward J. Bockhorst, Registered Apprentice No. ..... working under my personal supervision.

Signed Edward J. Bockhorst

Licensed Embalmer No. 2502

P. O. Address Clayton Mo

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

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