

REC'D MAR 13 1939

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

791
10084793
Do not use this space.

1486

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. Homer G. Phillips 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 37 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

H. G. Williams Lena Williams
 (a) Residence, No. 3410a Walnut St. 18
 (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 F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 5 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Nebraska

FATHER 13. NAME Henry Shepard

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

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mary Washington
Virginia

17. INFORMANT (ADDRESS) Ruth Mary Shepard
2601 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 2/16/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Emmett Horvath
3421 W. Delmar Blvd.

20. FILED FEB 15 1939 J. F. Brubaker
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9- 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-6- 1939, to 2-9- 1939

I last saw her alive on 2-9- 1939 Death is said to have occurred on the date stated above, at 9:00 m. P. M.
 The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease 2-6-1939

Other contributory causes of importance: Chronic Nephritis

Name of operation Date of
 What test confirmed diagnosis? clinical Was there an autopsy? No

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
 (Signed) H. G. Symon, M. D.
 (Address) 2601 N. Whittier

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.....

.....
working under my personal supervision

John Embelme

Registered Apprentice No.....

St. Vincent He Paul Paupen
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.