

REC'D APR 12 1939

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

8527
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Mo. Baptist Sanitar** St. **2292**
 (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

459 James Loring Williams
 (a) Residence, No. **5020 1/2 Delmar Blvd.** St. **12** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Wilhite**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 30, 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 11 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Shoe worker**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Johansen Shoe Co.**
 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) **Kentucky**

FATHER 13. NAME **James S. Williams**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

MOTHER 15. MAIDEN NAME **Anna Mary Edie**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

17. INFORMANT (ADDRESS) **Mrs. Mary Williams 5020 1/2 Delmar Blvd**

18. BURIAL, CREMATION, OR REMOVAL PLACE **LAKE CHARLES** DATE **MARCH 10 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **L. Muller 5163 Delmar Blvd.**

20. FILED **MAR 10 1939** **J. Breidner** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 7 1939**

22. I HEREBY CERTIFY That I attended deceased from **March 5 1939** to **March 7 1939**
 I last saw him alive on **March 7 1939** Death is said to have occurred on the date stated above, at **7:25 P** m.

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia, left lower and middle lobes
and bronchopneumonia, right lower and middle lobes
and acute dilatation of R+ Heart

Other contributory causes of importance:
Acute dilatation of R+ Heart

Name of operation Date of
 What test confirmed diagnosis **Clin. Pat. X-ray** Was there an autopsy? **Yes**

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 **JK Phalada** (Signed) **504-5 Humboldt Blvd** (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM I X1423

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.....
Howard J. Rowland

Licensed Embalmer No..... *3114*.....

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.