

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

8634
Do not use this space.

REC'D APR 12 1939

1. PLACE OF DEATH
 (a) County St Louis Registration District No. 2
 (b) Township St Louis Mo. Primary Registration District No. 1
 (c) City St Louis Mo. (d) Street No. 2826 a Dayton St. Registered No. 2399
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 Flora Williams
 (a) Residence, No. 2826 a Dayton St. St. 21 (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1873.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>65</u>	<u>2</u>	<u>15</u>	

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

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 (year) spent in this occupation. 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Clearance Ford
 (ADDRESS) 2826 a Dayton St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12 1938, to 3-9 1939
 I last saw her alive on 3/9 1939. Death is said to have occurred on the date stated above, at 12/45 A.M.
 The principal cause of death and related causes of importance were as follows:
Hypertensive heart disease
with D. of heart with relative
Myocardial Insufficiency
 Date of onset 30th
months

Other contributory causes of importance:
Senility
Chronic Nephritis

Name of operation _____ Date of _____
 What test confirmed Path. Stud. & Chem. anal.

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) J. D. Budak, M. D.
 (Address) 809 a Jefferson

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.

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

L. Boykin

, or by

Muzak

Registered Apprentice No., working under my personal supervision.

Signed

Lorino Boykin

Licensed Embalmer No.

29456

P. O. Address

St. Louis Mo

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.