

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

12889  
Do not use this space.  
**3211**

REC'D MAY 10 1939

791  
1003

1. PLACE OF DEATH  
 (a) County..... 1 Registration District No.....  
 (b) Township..... 2 Primary Registration District No.....  
 (c) City, St., Louis, Missouri. (d) Street No. Christian 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lula Williams.

(a) Residence, No. .... St. NR Kane Illinois.  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 4, 1879.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60      2      1

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) January 1939. 11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (CITY OR TOWN) Kane, (STATE OR COUNTRY) Illinois.

13. NAME Shelton, Thompkins.

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

15. MAIDEN NAME Ollie Lipscombe

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

17. INFORMANT Walter L. Williams (ADDRESS) Kane Illinois.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kane Illinois. DATE April 8, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc., (ADDRESS) 4700 Washington Bldg.

20. FILED APR 5 1939 J. B. Bredford Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-13, 1939, to 4-5, 1939  
 I last saw her alive on 4-5, 1939. Death is said to have occurred on the date stated above, at 12:52 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Symphatic leukemia  
 Other contributory causes of importance: None

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Expm 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? No  
 If so, specify .....  
 (Signed) Walter L. Williams, M.D.  
 (Address) 174 N. Hanson

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.....

*J. G. Sullivan*

Licensed Embalmer No. *1122*

P.-O. Address *4700 Washington*

**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.**