

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

REC'D JUN 10 1939

17308
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. **Homer 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 **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Edward Williams**

(a) Residence, No. **3125 Magazine** St. **MO**
 (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 M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriett Williams.			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1871			
7. AGE	YEARS 67	MONTHS 11	DAYS 29
IF LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil		
	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)		
FATHER	11. Total time (years) spent in this occupation		
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.		
	13. NAME Chap Williams		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.		
	15. MAIDEN NAME Annie Hampton		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.		
17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier			
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 29 1939			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wright's Funeral Home. 3100 Easton Ave.			
20. FILE NO. MAY 29 1939 J. B. Beck Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 25, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **May 19, 1939**, 19... to **May 25, 1939**, 19...
 I last saw him alive on **May 25, 1939**, 19... Death is said to have occurred on the date stated above, at **10:05m. a.m.**
 The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease

Date of onset
5/19/39

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) **N. J. Lyman**, M. D.
 (Address) **2601 N Whittier**

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.

1 X1603

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 me
Chas. Gaines, Registered Apprentice No. 2349
working under my personal supervision.

Signed Chas. Gaines
Licensed Embalmer No. 2349
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.