

JUN 14 1939

REC'D JUL 8 1939 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23321  
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784  
(b) Township Carondelet Primary Registration District No. 200  
(c) City Jefferson Barracks or (d) Street No. Vet Hosp 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 452 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: John C. Williams

(a) Residence, No. 1115 Carr Street, Saint Louis, Mo. St.  (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 8 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
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) Meridian  
(STATE OR COUNTRY) Mississippi

FATHER 13. NAME Jim Williams

14. BIRTHPLACE (CITY OR TOWN) -  
(STATE OR COUNTRY) Mississippi

MOTHER 15. MAIDEN NAME Mandy Adams

16. BIRTHPLACE (CITY OR TOWN) -  
(STATE OR COUNTRY) Mississippi

17. INFORMANT Medical Clerk, VAF Jefferson Barracks, Missouri  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Jefferson Barracks DATE 6/14/39 19.

19. FUNERAL DIRECTOR (NAME) Mary Wade  
(ADDRESS) 4202 Finney Ave

20. FILED JUN 14 1939 J. R. Meyer  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to June 11, 1939

I last saw h. im alive on June 11, 1939 Death is said to have occurred on the date stated above, at 1:00A m.  
The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic (Hypertensive heart disease.) Date of onset Unkn.

Other contributory causes of importance:  
Arteriosclerosis, auricular fibrillation. Unkn.  
Hypertension (essential). Unkn.

Name of operation None Date of -  
Phy. Clinical Manif. and Lab. What test confirmed diagnosis? - 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 -  
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) C. W. HUGHES, Chief Med. Off., M. D.  
VAF Jefferson Barracks, Mo.  
(Address)

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision. .

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.**