

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

19053

Do not use this space.

FILED MAY 27 1946

318

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1003
(b) Township St. Louis Primary Registration District No. 1003 Registered No. 4374
(c) City St. Louis (d) Street No. 4046 Phillips 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ANDREW WILLIAMS

(a) Residence, No. 1226 Linden St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-1886
7. AGE YEARS MONTHS DAYS 60 1 23
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. Laborer
10. Date deceased last worked at this occupation (month and year) 1945 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) St. Johns Ill. (STATE OR COUNTRY) Ill.

13. NAME Andrew Williams
14. BIRTHPLACE (CITY OR TOWN) Mat. Knowlton (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Ada Darton
16. BIRTHPLACE (CITY OR TOWN) St. Johns Ill. (STATE OR COUNTRY) Ill.

17. INFORMANT Ada Williams (ADDRESS) 1726 1/2 Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barrack DATE 5-15 1946

19. FUNERAL DIRECTOR A.P. Richardson (ADDRESS) 2625 Glasgow

20. FILED MAY 15 1946 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1946

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

Lympho Blastoma of mediastinum & metastasis to mesenteric lymph nodes

Other contributory causes of importance: 55

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Philip Perry, M. D.

(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, A. P. Richardson, Licensed Embalmer No. 2928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed A. P. Richardson

Licensed Embalmer No.....

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.)

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