

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

Do not use this space.

2880

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 32192 Cherokee)

File No.
Registered No. 1 463
St. Ward

2. FULL NAME

(a) Residence, No. 32192 Cherokee St., 16 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 0 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cabinet
(b) General nature of industry, business, or establishment in which employed (or employer) Maker
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER John Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Francis Bryant

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Ara E. Williams
(Address) 32192 Cherokee St.

15. FILED 11 13 1928 Max L. Starckoff
REGISTERED

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1927, to Jan 11, 1928 that I last saw h. alive on Jan 11, 1928, and that death occurred, on the date stated above, at 4:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93A
87A Myocarditis Acute
(duration) - yrs. - mos. 18 ds.

CONTRIBUTORY (SECONDARY) 87B Pneumonia
(duration) - yrs. - mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.
(Signed) Henry W. Schulz, M. D.
1/12, 1928 (Address) 2603 Cherokee Street

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ugouison Ill. DATE OF BURIAL Jan. 13 1928

20. UNDERTAKER Ziegenhain Bros. 2623 Cherokee St.
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.

