

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

Do not use this space.

15467
15198

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis mo. (No. 2214 Chippewa - 17)

File No.
Registered No. 4407
St. Ward)

2. FULL NAME

Mary Williams

(a) Residence. No. 2214 Chippewa St. 24 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

6A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. L. Williams

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Ferdinand Gehring

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. P. J. Carr.
(Address) St. Louis Mo.

15. APR 23 1928 FILED E. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) found dead April 21 1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... and that I last saw him alive on 19....., on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) W. M. A.
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 90B
IF NOT AT PLACE OF DEATH.....

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

WHAT TEST CONFIRMED DIAGNOSIS? J. W. Kermer, M.D.
(Signed) 4/23 1928 (Address) Dep. Coroner

*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 St. Paul. church yard. DATE OF BURIAL April 24 1928
20. UNDERTAKER Fletcher Und. Co. ADDRESS 7819 Michigan

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.

