

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

Do not use this space.

42980

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis Mo. (No. Sanitarium) St. .... Ward)

File No. ....  
Registered No. 12254  
St. .... Ward)

**2. FULL NAME**

Grant Williams  
(a) Residence. No. 4318 San Francisco 13 Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 48 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 24-1879</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>-</u>
	DAYS <u>21</u>	IF LESS than 1 day, --- hrs. or --- min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) ..... Unknown

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... E. Baton Rouge  
(STATE OR COUNTRY) Louisiana

<b>PARENTS</b>	10. NAME OF FATHER <u>George Williams</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Natchez</u> (STATE OR COUNTRY) <u>Mississippi</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Louisiana</u>

14. INFORMANT W. Stearns  
(Address) 1111 1/2 E. 11th St. St. Louis

15. FILED DEC 17 1928 W. Stearns  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-15-1928

17. I HEREBY CERTIFY, That I attended deceased from 12-15-1928, to 12-15-1928, 1928.  
that I last saw alive on 12-14-1928, 1928, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
chronic myocardial  
93C  
(duration) yrs. 10 mos. ds. +

CONTRIBUTOR (SECONDARY) POB  
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) Robert M. D.

(12-15, 1928) (Address) city same

\*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 Greenwood Cemetery DATE OF BURIAL 12/17/1928

20. UNDERTAKER W. Williams ADDRESS 3232 Pine

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.

det Rb. [unclear]

Sept, 17-21.

MAY 1 1947