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

Do not use this space.

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1. PLACE OF DEATH
County St Louis. Registration District No. 788 File No.
Township Primary Registration District No. 14471 Registered No. 23
City ~~St. Louis~~ Webster Groves Mo. (No. 509 Sunny Side Webster Groves Ward)

2. FULL NAME Benjamin F. Williams
(a) Residence. No. 509 Sunny Side Webster Groves Ward. Mo.
(Usual place of abode) (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~~ Evelyn Williams.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19-1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	10	8	

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

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Evelyn Williams
(Address) 509 Sunny Side Webster Groves Mo

15. FILED 1-29, 1929 Arthur W Westrup REGISTRAR
per Elsie Henson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1928, to Jany 26, 1929, that I last saw him alive on Jany 25, 1929, and that death occurred, on the date stated above, at 12.05 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis
131 Pretestitial
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? microlysis
(Signed) W. R. Coryell Coryell, M. D.
, 19 (Address) 1141 Pine St

*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: Valhalla Cemetery
DATE OF BURIAL: Jan 30 1929

20. UNDERTAKER: E. J. Schmur 3125
ADDRESS: Lafayette Av.

...y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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