

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.
26357

1. PLACE OF DEATH
 County St. Louis Registration District No. 791 File No. 7498
 Township _____ Primary Registration District No. 1009 Registered No. _____
 City St. Louis Mo (No. 3960, St. Louis 65) St. _____ Ward _____

2. FULL NAME Helen K. Williams
 (a) Residence, No. 3960 St. Louis W. St., 11 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 10-1857</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>3</u>	DAYS <u>21</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Fredrick Springmeyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Widow</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Widow</u>	
17. INFORMANT <u>A. Thomson</u> (ADDRESS) <u>3121 N Grand Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>July 6</u> 19 <u>31</u>		
19. UNDERTAKER <u>Wm. H. Co</u> (ADDRESS) <u>2707 N Grand Blvd</u>		
20. FILED <u>4</u> 19 <u>31</u> <u>11</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1931

22. I HEREBY CERTIFY, that I attended deceased from March 1 1930, to July 1 1931
 I last saw h.e. alive on June 28 1931 Death is said to have occurred on the date stated above, at 10 P m.
 The principal cause of death and related causes of importance were as follows:
Chronic myo carditis
935

Other contributory causes of importance:
935

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) D. A. Thomson, M. D.
 (Address) 3121 N Grand

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.

