

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 479
Township..... Primary Registration District No.
City St. Louis (No. 275 N. Union St. Ward)

File No. 42231
Registered No. 12114
St. Ward

2. FULL NAME

Thomas G. Williams
(a) Residence, No. 275 N. Union St. 12 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lula</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 1880</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>6</u>	DAYS <u>20</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>President</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Von Hoffman Printing Co</u>
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Manfield
(STATE OR COUNTRY) Louisiana

FATHER 13. NAME Goode Williams

14. BIRTHPLACE (CITY OR TOWN) Alabama
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jeanie Wiley

16. BIRTHPLACE (CITY OR TOWN) LA
(STATE OR COUNTRY)

17. INFORMANT Bernard Von Hoffman
(ADDRESS) 4015 Florin Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo Crematory DATE Dec 7, 1931

19. UNDERTAKER A. Kron & W. Co
(ADDRESS) 2407 N. Grand Blvd

20. FILED EC-61 1931 W. C. Markley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1931, to Dec 4, 1931.
I last saw him alive on Dec 4, 1931. Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma lung
metastases in cervical glands
metastases in pelvic bones

Date of onset
March 21
June 31
Sept 7

Primary seat in right Lung

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? May. & Biopsy Was there an autopsy? No

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) Heater Frischel, M. D.

(Address) 3720 Washington Blvd

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.

