

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

Do not use this space.

6101

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. Lutheran Hospital)

File No.
 Registered No. 1118
 St. Ward)

2. FULL NAME

(a) Residence, No. 3400 Vista Ave St., 18 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. 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Drayton T. La Venture</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 25, 1871</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>5</u>
	DAYS <u>7</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. <u>235</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) (STATE OR COUNTRY) <u>St. Louis, Mo.</u> 1		
FATHER	13. NAME <u>William C. Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u> 81	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales</u>	
17. INFORMANT (ADDRESS) <u>Drayton T. La Venture</u> <u>3400 Vista Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters</u> DATE <u>Feb 5, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Math Hermann & Son</u> <u>2167 E. Grand Ave</u>		
20. FILED <u>FEB - 3 1932</u> <u>W. C. Starck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1932 to Feb 2, 1932, 1932
 I last saw him alive on Feb 12, 1932. Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1927
131 (Purkinje Fibrosation)
130

Other contributory causes of importance:
Chronic Interstitial Nephritis 1927
1 + Anemia

Name of operation X Date of X
 What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury X, 1932
 Where did injury occur? X
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify X
 (Signed) W. C. Starck, M. D.
 (Address) 1405 S. Broadway

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.

