

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

Do not use this space.

14165

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis, Mo (No. Barnes Hospital)

File No.....
 Registered No. 3497
 St. Ward)

2. FULL NAME

Henry A. Williams
 (a) Residence, No. 4256 Botanical St., 17 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>Ada Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22-1877</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>10</u>
	DAYS <u>15</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Restaurants and Provisions</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>Germany</u> <u>11</u>		
FATHER	13. NAME <u>Fredrick Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT * (ADDRESS) <u>Ada Williams</u> <u>4256 Botanical</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>April 11, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Embust Ford Co</u> <u>423 1/2 North Broadway</u>		
20. FILED <u>APR - 9 1932</u> <u>May Crawford</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from
4-7 3:30 p.m., 1932, to 4-7, 1932

I last saw him alive on 4-7, 1932 Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Myocarditis, chronic
Nephritis, chronic
Diabetes Mellitus

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? yes

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? No

If so, specify.....

(Signed) J. Ted Jean, M. D.

(Address) Barnes Hospital

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.

