MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

21486

791
1008

File No.

Registered No. 6053

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Sam Williams

(a) Residence, No. 1229 N. 10th St., 25 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-17-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 131

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 93C

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 162

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

FATHER

13. NAME Wm Williams

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

MOTHER

15. MAIDEN NAME Harriett Gaud

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

17. INFORMANT (ADDRESS) A Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis U DATE 6-17 1932

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rut Ave St

20. FILED JUN 29 1932 19 Max C Pardy Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8- 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1932 to 6-8- 1932

I last saw him alive on 6-8 1932 Death is said to have occurred on the date stated above, at 12 15 a m.

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

Chronic myocarditis

Other contributory causes of importance:

Chronic nephritis Similar

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) C M Smith, M. D.

(Address) City Hospital #2