

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

Do not use this space.

34291

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Central Hospital)

File No.....
Registered No. 9651
St..... Ward.....

2. FULL NAME

(a) Residence, No. St. 12 Ward. 2804-Wise Overland
(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 23-1916</u>		
7. AGE	YEARS	MONTHS
	<u>15</u>	<u>10</u>
		<u>8</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>Invalid</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>F. F. Williams Jr.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nebraska</u>	
MOTHER	15. MAIDEN NAME <u>Virginia P. Riecker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT <u>F. F. Williams Jr.</u> (ADDRESS) <u>2804-Wise Overland, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Crem.</u> DATE <u>11-1-1932</u>		
19. UNDERTAKER <u>Quinn Bros.</u> (ADDRESS) <u>Overland, Mo.</u>		
20. FILED <u>11-31-1932</u> <u>C. Starck</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1929, 19..... to 10-31-, 1932

I last saw him alive on Oct 30, 1932. Death is said to have occurred on the date stated above, at 9 a.m.

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

Chronic Nephritis Date of onset 15-1929
131/31
154/31

Other contributory causes of importance: Ascaris megalyti 1
Femur, both humeri
both tibiae, pelvis

Name of operation Squinting Date of 10/11/31

What test confirmed diagnosis? 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? no
If so, specify.....

(Signed) F. L. Marshall, M. D.

(Address) University Club Bld.

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.

