

**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. 701
Township Primary Registration District No. 1073
City St. Louis Mo (No. 2827th Beaman St.) St. Ward)

File No. 41960
Registered No. 11071
St. Ward)

2. FULL NAME

(a) Residence, No. 2827th Beaman St. St., 22 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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>Col</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>Henry Williams</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-10-1878</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>8</u>	DAYS <u>28</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>235</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>House Wife</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Ark</u>			
	13. NAME <u>Unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Henry Williams</u> (ADDRESS) <u>2827th Beaman</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Dickson</u> DATE <u>Dec 14</u> 19 <u>32</u>				
19. UNDERTAKER <u>W. Schaefer & Co</u> (ADDRESS) <u>420 & 7th corner</u>				
20. FILED <u>DEC 14 1932</u> <u>Miss E. Barker</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1932 to Dec 8 1932
I last saw her alive on Dec 5 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Ward 22
23A
91A
11 1/2
Other contributory causes of importance:
Pseudo croup's acute

Name of operation None Date of
What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: no
Accident, suicide, or homicide? no 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) W. Schaefer M. D.
(Address) 1800 Olive St. St. Louis Mo

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.

