

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

Do not use this space.

17857

1. PLACE OF DEATH

County

Registration District No. **79E**

Township

Primary Registration District No. **202E**

City **St. Louis**

(No. **No. Baptist Hospital** St. Ward)

File No.

Registered No. **4046**

2. FULL NAME

(a) Residence, No. **4633 Cottage Ave.** 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hazel Williams		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2, 1889		
7. AGE	YEARS 44	MONTHS 1
	DAYS 3	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired	
	10. Date deceased last worked at this occupation (month and year) May 1930	11. Total time (years) spent in this occupation 17
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo		
MOTHER	13. NAME William Williams	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.	
	15. MAIDEN NAME Mary Brown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo	
17. INFORMANT Hazel Williams (ADDRESS) 4633 Cottage Ave		
18. BURIAL, CREMATION OR REMOVAL PLACE Dak Grove Cem DATE May 8th 1935		
19. UNDERTAKER Drehermann Funeral (ADDRESS) 109 Union Blvd		
20. FILED MAY - 5 1935 F. W. Delect Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 5, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1933** to **May 5, 1933**
I last saw him alive on **May 3, 1933** Death is said to have occurred on the date stated above, at **5:10 AM**.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset **?**
131
97 131
Other contributory causes of importance: **Nephritis** **?**
Chronic Interstitial

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? **No**
If so, specify.....
(Signed) **O. H. Campbell** M. D.
(Address) **3746 Hedden way**

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.

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