

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

Do not use this space.

34956

1. PLACE OF DEATH

County St. Louis

Registration District No. 751

File No. 9137

Township St. Louis

Primary Registration District No. 133

Registered No. 9137

City St. Louis (No. St. Mary's Infirmary)

St. 22 Ward

2. FULL NAME

Pearl Williams

(a) Residence, No. 2724 Hickory St. 22 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 F 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 10 18

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

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) Memphis Tennessee

MOTHER 13. NAME Hudson Anderson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennesse

MOTHER 15. MAIDEN NAME Julia Russell

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT George Williams (ADDRESS) 2724 Hickory St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 10/25 19. 3

19. UNDERTAKER J. W. Roberts (ADDRESS) 3075-5

20. FILED 24 1933 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 19, 1933 to Oct. 22, 1933
I last saw h. e. alive on Oct. 22, 1933 Death is said to have occurred on the date stated above, at 8:50 a.m.

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

Myocarditis Chronic
Chd. Nephritis (Renal)
Hypertension
Other contributory causes of importance: 131

Name of operation Date of operation 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 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) R. W. White M. D.
(Address) St. Mary's Infirmary

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.

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