

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.

JAN 3 1934

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

Do not use this space.

35258

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 103  
City Saint Louis (No. Enroute City Hospital # 2) St. ..... Ward) 21

File No. ....  
Registered No. 9530

2. FULL NAME James Williams

(a) Residence, No. 2621 Franklin Avenue St. 21 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED, HUSBAND OF ~~XXXXXXXXXX~~ Rosa Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 3 20

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop  
10. Date deceased last worked at this occupation (month and year) Unavailable 11. Total time (years) spent in this occupation. Unavailable

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galloway Tennessee

13. NAME Fred Williams

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

15. MAIDEN NAME Martha Unavailable

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

17. INFORMANT Rosa Williams (ADDRESS) 2621 Franklin Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 11-4 1933

19. UNDERTAKER Charles J. Bates (ADDRESS) 4107 Finney Avenue

20. FILED 111 - 4 13 19 J. W. Reddeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29th, 1933

22. ~~No Physician in attendance~~ I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 4:35 a.m.

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

Stab Wounds of Liver  
caused by knife in the hands  
of parties unknown to the jury  
at 1315 Franklin Ave. about  
4:35 a.m. Oct. 29, 1933

Other contributory causes of importance:  
1. Homicide

Name of operation 174 Date of 11/4  
What test confirmed diagnosis? 174 Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Homicide Date of injury 10-29, 1933  
Where did injury occur? City  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place  
Manner of injury Stab Wound of Liver  
Nature of injury Homicide

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify 10/31/33  
(Signed) Nazare G. Schuch  
(Address) Dep. Forensic

DEPTOR PROD.

SC