

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

Do not use this space.

38038

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1203  
 City Saint Louis (No. Saint Mary's Hospital Infirmary St. .... Ward)

**2. FULL NAME Annie Williams**

(a) Residence, No. 2838 Stoddard Street st., 21 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, ~~WIFE OF~~ ~~HUSBAND~~ Guy Williams  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23<sup>rd</sup> 1895

7. AGE YEARS 38 MONTHS 9 DAYS 15 IF LESS than 1 day, ..... hrs. or ..... min.

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) November 1933 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) N.C.  
 (STATE OR COUNTRY)

13. NAME Julius Gamage

14. BIRTHPLACE (CITY OR TOWN) N.C.  
 (STATE OR COUNTRY)

15. MAIDEN NAME Mary Dawson

16. BIRTHPLACE (CITY OR TOWN) N.C.  
 (STATE OR COUNTRY)

17. INFORMANT Guy Williams  
 (ADDRESS) 2838 Stoddard Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Nov. 11<sup>th</sup> 1933

19. UNDERTAKER Chas. J. Gatis  
 (ADDRESS) 4107 Finney Avenue

20. FILED J. Bredeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8 1933

22. 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 3:00 p.m.

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

None due to Ruptured preg-  
nant uterus at term following  
a stillborn

Other contributory causes of importance:

Placenta Praevia

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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?  
 If so, specify.....

(Signed) Harold J. Schuy, M.D.  
 (Address) dep. for oney

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 3 1934

