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.

MAR 24 1934

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

Do not use this space.

3468 ~~59~~ 59

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, (No. City Hosp. No 1 St. ..... Ward)

File No. 1329

Registered No. .....

2. FULL NAME George Williams

(a) Residence, No. 711 Barry St. St., 23 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: Mary Williams.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 7, 1873.

7. AGE: YEARS 60 | MONTHS 5 | DAYS 24. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day laborer.

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): Baltimore, Md.

FATHER

13. NAME: Dont Know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

MOTHER

15. MAIDEN NAME: Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Mary Williams 711 Barry St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Feb. 6, 1934.

19. UNDERTAKER (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED FEB -6 1934 19.. J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 31, 1934

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 1 35/4 m.

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

Haemorrhage of Abdomen fractured ribs & pelvic caused when hit by police car while walking across street.

Date of onset

Other contributory causes of importance:

Auto Accident

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? Accident Date of injury 1/30/, 1934

Where did injury occur? St Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Auto Accid.

Nature of injury Shock & injuries

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold [illegible]

(Address) Dep. Coroner

2/6/34