

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

File No. **22117**

Township

Primary Registration District No. **1002**

Registered No. **5879**

City **St. Louis** (No. **St. Anthony's Hospital**)

St. Ward)

St. Ward)

2. FULL NAME

(a) Residence, No. **8408 Vulcan** St., **1** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 13, 1934**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, **11** hrs. or **11** min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **nil**
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) **St. Louis Mo**

13. NAME **Miles E. Williams**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Laclede Co. Mo**

15. MAIDEN NAME **Ada Polite**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **De Soto Mo.**

17. INFORMANT **Miles E. Williams**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Ann's Catholic** DATE **6/14** 19**34**

19. UNDERTAKER **C. J. Bremer & Co.**

20. FILED **7-1-34** 19**34**

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 17** 19**34**

22. I HEREBY CERTIFY, that I attended deceased from **JUNE 13¹²** 19**34**, to **JUNE 14** 19**34**

I last saw him alive on **JUNE 13** 19**34** Death is said to have occurred on the date stated above, at **6:45** a.m.

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

PREMATURE (7 MOS GESTATION)

Date of onset

Other contributory causes of importance

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**34**

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 **Miles E. Williams M.D.**

(Signed) **Miles E. Williams M.D.** (Address) **1405 S. Denny**

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.

1405, 8 Parkway

11 to 1 P.M.