

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis Mo.* (No. *City Hospital #2*)

Registration District No. **791**
1003
Primary Registration District No. *City Hospital #2*

File No. **26702**
Registered No. **6883**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *2340 - Federal St.* (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred *10* 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, OR DIVORCED HUSBAND OF (OR) WIFE OF *Susie Williams*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 25th 1879*

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, | |
|--------|-----------|----------|-----------|---------------------|------|
| | | | | hrs. | min. |
| | <i>55</i> | <i>4</i> | <i>16</i> | | |

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Wage-Laborer*

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) *Pa.*

13. NAME *Sol Williams*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa.*

15. MAIDEN NAME *Tena Brew*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa.*

17. INFORMANT (ADDRESS) *July Curdick 2945 - Lawton*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Arthur Dickerson July 11, 1934*

19. UNDERTAKER (ADDRESS) *Ellis Funeral Home 2826 Broadway St.*

20. FILED *13 1934* *J. A. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 11th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *6-26-1934* to *7-11-1934*

I last saw him alive on *7-11-1934* Death is said to have occurred on the date stated above, at *5:10 P.M.*

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

Chronic Nephritis Date of onset *6-26-34*

Other contributory causes of importance: *Arteriosclerosis*

Name of operation..... Date of.....

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....., 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) *Russell Smith* M. D.

(Address) *2945 - Lawton Blvd.*

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.

15 1934

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1-11-34-33

