

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

Do not use this space.

41391

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No.)

File No.

Registered No. 11378

St. Ward)

2. FULL NAME Emma Williams

(a) Residence. No. 2835-Clark St. St. Louis Ward. 22

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 30 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 Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11-1899

7. AGE 35-YEARS - MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work house wife (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Orleans La. (STATE OR COUNTRY)

10. NAME OF FATHER Wm. Winston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) La. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marguerite Devlin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) France (STATE OR COUNTRY)

14. INFORMANT Devalson Williams (Address) 2835-Clark Ave.

15. FILED 30 1934 J F Bredeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-26 1934

17. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1934 to 11-26, 1934 that I last saw h. alive on 11-26, 1934, and that death occurred, on the date stated above, at 24 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of
333 Blad. test.
about (duration) yrs. 12 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? 34 photos of signs
(Signed) J. S. Crapton, M. D.
11/28/34 (Address) 1483

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Father Dickson Nov. 30 1934

20. UNDERTAKER Bruce & Tamm ADDRESS
1002 North Garrison

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.

