

JAN 24 1935

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

Do not use this space.

41436

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (In Perman Disodge Nap St. _____ Ward) _____

2. FULL NAME

Helen E (Reynolds) Williams
(a) Residence, No. 4047 West Pine St. 19 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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-11-1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 4 18

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baldwin Mo.

13. NAME Allen Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm.

15. MAIDEN NAME Etta Polson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm.

17. INFORMANT Etta Reynolds
(ADDRESS) 4047 W Pine

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Dec 3rd 34

19. UNDERTAKER Shaffer and Co
(ADDRESS) Bullington, Mo

20. FILED DEC 1 1935 J F Brudick
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29-34 19

22. I HEREBY CERTIFY, That I attended deceased from 11/14/34, 19, to 11/29/34, 19.
I last saw him alive on 11/29/34, 19. 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:

Lobar Pneumonia Date of onset 10/29/34

Other contributory causes of importance:

Emphysema?
Subj. absent?

Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray 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) Marshall, M. D.
(Address) 1325 S. Grand -

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.

