

FEB 7 1935

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

Do not use this space.

3815

1. PLACE OF DEATH

County Registration District No. 800
Township Primary Registration District No. 7000
City St. Louis, Mo. (No. City Hospital #2)

File No.
Registered No. 1165 St. Ward)

2. FULL NAME

(a) Residence, No. 3204 - Chestnut Ward. 18
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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 Caucas 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8th 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 5 14

OCCUPATION 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.....
Laborer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER 13. NAME Joa Williams

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

15. MAIDEN NAME Ophelia Washington

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

FATHER 17. INFORMANT (ADDRESS) Judy Redden Bhd. 2742 - Lawton Bhd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fuller Park DATE Feb 3 1935

19. UNDERTAKER (ADDRESS) WATSON and Son 2769 CHOUTEAU

20. FILED 1 19 35 J.F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-27-1935, to 1-28-1935

I last saw him alive on 1-28-1935 Death is said to have occurred on the date stated above, at 7:45 m.

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

Ruptured Aneurysm (Aortic) Date of onset 1-27-35

Other contributory causes of importance: 96

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) J. Owen Stiche M. D.
(Address) 2942 - Lawton Bhd.

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.

