

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.

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

Do not use this space.

OCT 23 1935

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1003**

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis Mo. No. City of Jefferson St. Ward) 27 (Ward)

File No.
 Registered No. **7951**

2. FULL NAME

Robert Williams
 (a) Residence No. 5800 Arsenal St., 27 Ward. 13
 (Usual place of abode City of Jefferson Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 14 yrs. x 1 mos. x 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>Colored</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u> <u>X</u> <u>Unknown</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>X</u> <u>X</u> <u>1862</u>					
7. AGE YEARS <u>abt. 73</u>		MONTHS <u>X</u>		DAYS <u>X</u>	
IF LESS than 1 day, hrs. or min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>				
	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) <u>Kentucky</u>					
MOTHER FATHER	13. NAME <u>Robert Williams</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
	15. MAIDEN NAME <u>Rachael Madison</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
17. INFORMANT <u>Wm. Windsheimer</u> (ADDRESS) <u>5800 Arsenal St.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremated in</u> DATE <u>Sept 23</u> 19 <u>35</u>					
19. UNDERTAKER <u>Patrick J. Lonely</u> (ADDRESS) <u>3129 Loc ave</u>					
20. FILED <u>22</u> 19 <u>35</u> <u>J. F. Bredeck</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1935

22. I HEREBY CERTIFY, that I attended deceased from June 22, 1933, to Sept. 15, 1935
 I last saw him alive on Sept. 13, 1935. Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Heart Disease Date of onset 95

Other contributory causes of importance:
Hypertension

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.....
 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) Smith P E M. D.
 (Address) Operation Hospital
St. Louis, Mo.

