

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

Do not use this space.

NOV 2 1935

31255

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis Mo. (No.), St. Ward

File No.
 Registered No. **8055**

2. FULL NAME Robert T. Williams

(a) Residence, No. 1020 Rutger st. St., 23 Ward. (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Embalmers

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) St. Louis Missouri

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Harry C. Allen M. D. 5300 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE See My Burial Book Sept 26 1935

19. UNDERTAKER (ADDRESS) Thos. Curtis 2906 Gravois av

20. FILED SEP 25 1935 19..... J. T. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Sept 24 1935

I last saw him alive on Sept 23 1935 Death is said to have occurred on the date stated above, at 12:40 A.M.

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

Chronic myocarditis and choleperitis

Date of onset

7/1/34
+

Other contributory causes of importance: 131
Uremia

9/12/35
+

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

What test confirmed diagnosis? Clinical 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) Harry C. Allen, M. D.

(Address) 5300 Arsenal

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1
2
10

