

NOV 2 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH ⁷⁹¹

Do not use this space.

31371

1. PLACE OF DEATH

County St. Louis Registration District No. 1003
Township City Primary Registration District No. Hosp
City St. Louis (No. 49466) St. 11 Ward 22

File No. _____
Registered No. 8210

2. FULL NAME

Henry Williams

(a) Residence, No. 8012 6th St. 22 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 1866

7. AGE YEARS 70 MONTHS 1 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Indiana

13. NAME Unavailable

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Joseph J. Keefe City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Sept. 30 1935

19. UNDERTAKER (ADDRESS) C. Hoffmeister & Co. 7814 N. Spangdeman

20. FILED SEP 30 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/23 1935 to 9/26 1935

I last saw him alive on 9/26 1935 Death is said to have occurred on the date stated above, at 11:15 AM

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

Fract. Rib right
Pneumothorax Rt.
Regenerative heart disease
Date of onset 1948

Other contributory causes of importance Incarcerated hernia (Original Rt.)

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. Nature of this fracture
Manner of injury irresponsible
Nature of injury fracture of humerus

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Geo. J. Seibold M. D.
(Address) City Hosp #1

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.

RECORD WITH WRITING INK—THIS IS A PERMANENT RECORD

