NOV 9 1935

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

Do not use this space.

33932

File No. 8341

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis Mo (No. Firmin Desloge Hospital St. Ward)

2. FULL NAME Edward F. Williams

(a) Residence, No. 1813 Iowa av St., 23 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: 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: Louise Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 7 1887

7. AGE: YEARS 48 | MONTHS — | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Missouri

FATHER

13. NAME: Charles Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Hattie Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs Louise Williams 1813 Iowa av

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE Oct 4 1935

19. UNDERTAKER (ADDRESS): E. J. Schnur, 3125 Lafayette av.

20. FILED OCT -4 1935 19 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10th, 1935, to Oct. 2, 1935

I last saw him alive on Oct. 1, 1935. Death is said to have occurred on the date stated above, at 7 40 A.m.

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

	Date of onset
Biliary Cirrhosis of Liver	Uncertain
Other contributory causes of importance: Syphilis	Uncertain

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Name of operation: None Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: No

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? No

If so, specify

(Signed) G. O. Brown, 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.