NOV 4 1936

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
File No. 39509
Registered No. 10550

1. PLACE OF DEATH

County
Township
City St. Louis (No. City Hospital No. 1 St. Ward)

B. 9467

2. FULL NAME Harry Williams

(a) Residence, No. 112 ½ North 6 th St., 25 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
59	59	10	7	

OCCUPATION

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

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) St. Louis, Missouri

FATHER

13. NAME ? Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Unknown

MOTHER

15. MAIDEN NAME ? unknown

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

17. INFORMANT Hosp. Info. M.H.Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 10/22, 1936

19. UNDERTAKER Benesich-Nichols
(ADDRESS) 1338 N. 6th St.

20. FILED OCT 21 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/10/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/23/36, 19, to 10/10/36, 19
I last saw him alive on 10/10/36, 19. Death is said to have occurred on the date stated above, at 1015 a m.
The principal cause of death and related causes of importance were as follows:

Ca of Stomach ?

Date of onset

Other contributory causes of importance:
Metastases to Liver

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) Roy Greenbaum, M. D.
(Address) City Hospital No. 1

CAUSE OF DEATH

315