NOV 4 1936

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

Do not use this space.

39748

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. 4014a N. 20 ST. ..... St. ..... Ward)

File No. ..... Registered No. 10795

2. FULL NAME MARY E. WILLIAMS

(a) Residence, No. 4014a N. 20th St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1861

7. AGE: YEARS 75 | MONTHS 8 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) GALLATIN COUNTY ILLINOIS

FATHER

13. NAME WILLIAM HOLT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN TENNESSEE

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN UNKNOWN

17. INFORMANT (ADDRESS) MRS. MINERVA OLIVER 4014a N. 20 ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. ALTON, ILLINOIS DATE Oct. 29, 1936

19. UNDERTAKER (ADDRESS) Suedmeyer & Sons 3934 N. 20 St.

20. FILED OCT 28 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Oct 27, 1936

I last saw her alive on Oct 26, 1936. Death is said to have occurred on the date stated above, at 9 A m.

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

Arteriosclerosis

Date of onset

9 A

Other contributory causes of importance:

Senility

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) Paul Dernstorff, M.D.

(Address) 3919 W. Pleasant

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.