DEC 3 1936

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

Do not use this space.

42633

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, Mo. (No. St. Anns Hospital St. ..... Ward)

File No. .....

Registered No. 11141

2. FULL NAME Jennie Blondina Williams

(a) Residence, No. 1356 Blackstone Avenue St., 6 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14th, 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	18	4	24	

OCCUPATION

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

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) Augusta, Missouri

FATHER

13. NAME Emil Haferkamp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta, Missouri

MOTHER

15. MAIDEN NAME Selma Buenemann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta, Missouri

17. INFORMANT (ADDRESS) T. L. Williams 1356 Blackstone Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Oak Grove Cem~~ LAKE CHARLES DATE November 11, 1936

19. UNDERTAKER (ADDRESS) Sullivan Brothers 2849 N. Euclid Avenue

20. FILED NOV 9 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1936, to Nov 8, 1936

I last saw her alive on Nov 8, 1936. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

	Date of onset
Cardiac Embolism	11-7-36
Septicemia	11-6-36
Other contributory causes of importance:	
Parturition	11-6-36

145a

Name of operation Normal Delivery Date of 11-6-36

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

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? No

If so, specify .....

(Signed) T. R. Usher, M. D.

(Address) 2816 Sutton Ave Maplewood, Mo

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.

2816 Sutton