

DEC 3 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **City Santarium**)

File No. **42651**
Registered No. **11159**
St. Ward)

2. FULL NAME

Elizabeth Williams

(a) Residence, No. **5800 Arsenal** St., **13** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **50** 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 **Colored** 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) **About 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt. 72

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

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) **Unknown Va.**

13. NAME **Edmond Williams**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Va.**

15. MAIDEN NAME **Rena Unknown**

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

17. INFORMANT **J. G. Sullivan** (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Brownwood Cem** DATE **Nov - 9 - 1936**

19. UNDERTAKER **C. W. Roberts** (ADDRESS) **3033 Locust Ave**

20. FI **NOV 9 1936** **J. T. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 8, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 10, 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 **8:30 A.M.**

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

CELLULITIS LEFT LEG, CAUSE UNDETERMINED, BUT MAY HAVE ARISEN FROM CHRONIC ULCER PRESENT

Other contributory causes of importance: **CHRONIC MYOCARDIAL INSUFFICIENCY, POSSIBLE MALIGNANCY OF G.I. TRACT**

Name of operation..... Date of.....
What test confirmed diagnosis? **93d** Was there an autopsy? **No.**

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) **[Signature]**, M. D.
(Address) **5600 Arsenal**

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.

