FEB 8 1937

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

Do not use this space.

File No. 3789
Registered No. 825

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1. PLACE OF DEATH

County .....
Registration District No. 791
Township .....
Primary Registration District No. 1003
City St. Louis, Mo. (No. City Hospital No. 2 St. ..... Ward)

2. FULL NAME Will Williams

(a) Residence, No. 2041 Biddle St., 21 Ward. / (If nonresident, give city or town and State)
(Usual place of abode)

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	Col.	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1878

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

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Birmingham, Ala. 2

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 1-19 ,19 37

19. UNDERTAKER J. P. Roehrigh
(ADDRESS) 2600 Hoffman Ave.

20. FILED JAN 19 1937 ,19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14- ,19 37

22. I HEREBY CERTIFY, That I attended deceased from 1-14- ,19 37, to 1-14- ,19 37
I last saw him alive on 1-14- ,19 37 Death is said to have occurred on the date stated above, at 2:40 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lt. Cerebellar Hemorrhage	1-14-37

95 bv

Other contributory causes of importance:
~~H. & D. of the Heart~~
Hypertensive disease of heart

Name of operation ..... Date of .....
What test confirmed diagnosis? --- 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? .....
If so, specify .....

(Signed) J. Owen Blache, M. D.
(Address) 2945 Lawton

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.

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