

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

County

Township

City ST LOUIS MORegistration District No. 1008

Primary Registration District No.

No. 4115 ENRIGHT AVEFile No. 8946Registered No. 1339

St. Ward)

2. FULL NAME FOETUS WILLIAMS(a) Residence, No. 4115 ENRIGHT AVE St. 19 Ward 11

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE COL 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-377. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 3 Mo 2 wksOCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stillborn 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stillborn 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriFATHER 13. NAME Unknown 3114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31MOTHER 15. MAIDEN NAME Juinata Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 4115 Enright17. INFORMANT Ruby Perdeau (ADDRESS) City Hosp. #218. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 1-29-3719. UNDERTAKER Customs Board (ADDRESS) W. R. R. - 3500 Rutger St20. FILED J. Bredel Registrar.

JAN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 10:45 A.M.

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

Date of onset

Stillborn
premature birth

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? L 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) Alfred J. Perry M.D.(Address) Deputy Coroner

